

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S01800 (9)

1. Corporation Name

ENVIRONMENTAL SYSTEMS & CONTROLS, INC.



Principal Place of Business

5534 OCEANIC ROAD  
HOLIDAY FL 34690

Mailing Address

5534 OCEANIC ROAD  
HOLIDAY FL 34690

3. Date Incorporated or Qualified  
09/24/1990

3a. Date of Last Report  
08/14/1995

4. FEI Number

59-3027727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RANDLE R.  
5534 OCEANIC ROAD  
HOLIDAY FL 34690

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and consent to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
JOHNSON, RANDLE R.  
5534 OCEANIC ROAD  
HOLIDAY FL

TITLE ☐ DELETE

V  
JOHNSON, NATALIE F.  
5534 OCEANIC RD  
HOLIDAY FL

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* RANDLE R. JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

813 943-8333

Daytime Phone #

CR2E034 (12/95)