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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

BLYTHE ENVIRONMENTAL INC.

Princip	al	Plac	ce of	Business	

**DOCUMENT #** 1. Corporation Name

Mailing Address

5782 S.E. HULL STREET

5782 S.E. HULL STREET



STUART FL 34997		STUART FL 34997						
					3. Date Incorporate 10/24/1990	_	3a. Date of Last F 01/23/19	•
2. Principal Place	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-02211	57	<del> </del>	Not Applicable
Suite, Apt, #	, etc.	Suite, Apt. #, etc.			5. Certificate of Sta	atus Desired		Additional Required
City & State		City & State			6. Election Campa	ign Financing	\$5.0	O May Be
23		28			Trust Fund Conl	<del></del>		d to Fees
Ζιρ	Country	Zip		untry	· · · · · · · · · · · · · · · · · · ·		ntangible tax under s	199.032,
24	25 9. Name and Address of Curre	29	30	7	Florida Statutes  10. Name and Add	Yes		
	9, Name and Address of Cure	iit negisteled Agelit		B1 Nan	<del></del>	1000 CI HEN LI	eālsteien videlit	
DIVELE	MATA VAIF				-			
BLYTHE,			82		et Address (P.O. Box Number is Not Acceptable)			
	: HULL ST. FL 34997			83	······································			
STUART	FL 3499/							
				<b>B4</b> City			FL 85 Z	p Code
	ed agent, or both, in the State of Flor n, and accept the obligations of, Sec Signature, typed printed name of registrate agen		ERRET		re required when renstating)	accept the appo	CATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHA	ANGES TO OFF	CERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1	TITLE			☐ Change	Addition
NAME	BLYTHE, WAYNE		1.21	NAME				
STREET ADDRESS	5782 S.E. HULL ST.		133	STREET ADDRES	s			
CITY-ST-ZIP	STUART FL			CITY-ST-ZIP				
TITLE		DELETE		TITLE			☐ Change	■ Addition
NAME				NAME				
STREFT ADDRESS				STREET ADDRES	S			
CITY-ST-ZIP		FT DE EXT		CITY-ST-ZIP			F7 (5	CD Addition
TITLE		DELETE		TITLE			Change	Addition
NAME				NAME OTRECT LODGE	20			
STREET ADDRESS				STREET ADDRE	95			
CITY-ST-ZIP TITLE		[ ] DELETE		CHTY - ST - ZIP TITLE		<del> </del>	Change	Addition
NAME		- President		NAME				
STREET ADDRESS				STREET ADDRES	s			
CITY-ST-ZIP				CITY-ST-ZIP	Ĭ			
TITLE		☐ DELETE		TITLE			☐ Change	Addition
NAME		_	521	NAME			•	
STREET ADDRESS				STREET ADORES	s			
CITY-ST-ZIP			541	CITY-ST-ZIP				
THILE		☐ DELETE		TITLE			☐ Change	Addition
NAME			621	NAME				
STREET ADDRESS			6.3	STREET ADDRES	s			
DITY-ST-ZIP			64	CITY - ST - ZIP				
	certify that the information supplied	with this filing is voluntarily furn			juality for the exemption stated	In Section 119.	07(3)(k), Florida Statu	tes. I further

centry that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 phanged, or on an attachment with an address.

4/07-287-0549 Daytime Phone