**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:19

DOCUMENT # **S45901** **(3)**

1. Corporation Name
**GLOBAL ENVIRONMENTAL PRODUCTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2690 CIMARRONE BLVD.<br>SUITE 200<br>JACKSONVILLE FL 32259 | 2690 CIMARRONE BLVD.<br>SUITE 200<br>JACKSONVILLE FL 32259 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1991
3a. Date of Last Report: 09/23/1994
4. FEI Number: 59-3060734 ☐ 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. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / County 25 | Zip 29 / County 30 |

9. Name and Address of Current Registered Agent

MURPHY, PATRICK T
2690 CIMARRONE BLVD.
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | D | ☑ Change ☐ Addition |
| NAME | LABAR, JAMES A | 12 NAME | LABAR, James C. | |
| STREET ADDRESS | 40 A MILLER TOWN RD | 13 STREET ADDRESS | 40-A Millertown Rd. | |
| CITY-ST-ZIP | BLOOMBERG PA 17815 | 14 CITY-ST-ZIP | Bloomsburg, PA. 17815 | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | JEFFERS, RICHARD E | 22 NAME | | |
| STREET ADDRESS | 1117 N E ST | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | RICHMOND IN 47375 | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | D | ☑ Change ☐ Addition |
| NAME | MAHER, JOE | 32 NAME | ~~[illegible]~~ MAHER, Joseph | |
| STREET ADDRESS | 79 GEORGE ST | 33 STREET ADDRESS | 800 TAINTOR ST. | |
| CITY-ST-ZIP | E. HARTFORD CT 06108 | 34 CITY-ST-ZIP | SUFFIELD, CONN. 06078 | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | KUNZ, PETER | 42 NAME | | |
| STREET ADDRESS | 5859 RIVER RUN DR | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | SABASTIAN FL | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | JABALEE, WALTER | 52 NAME | | |
| STREET ADDRESS | 42077 TODDMARK | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | MT. CLEMENS MI | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | JABALEE, MARIANNE F JR. | 62 NAME | | |
| STREET ADDRESS | 42077 TODDMARK | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MT. CLEMENS MI | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

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)(i), 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:** James C. LaBar James C. LABAR 7-25-95 717-784-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127022 FP