FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

GLOBAL ENVIRONMENTAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
2690 CIMARRONE BLVD.	2690 CIMARRONE BLVD.
JACKSONVILLE FL 32259	JACKSONVILLE FL 32259

3. Date Incorporated or Qualified: **04/15/1991**
3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LABAR, JAMES A		1.2 NAME		
STREET ADDRESS	40-A MILLERTOWN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMSBURG PA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JEFFERS, RICHARD E		2.2 NAME		
STREET ADDRESS	1117 N E ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND IN 47375		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MAHER, JOSEPH		3.2 NAME	MAHER, JOSEPH	
STREET ADDRESS	~~300 TAINTOR ST~~		3.3 STREET ADDRESS	300 TAINTOR STREET	
CITY-ST-ZIP	~~SUFFIELD CN~~ CT		3.4 CITY-ST-ZIP	SUFFIELD, CT 06078	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KUNZ, PETER		4.2 NAME		
STREET ADDRESS	5859 RIVER RUN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SABASTIAN FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JABALEE, WALTER		5.2 NAME		
STREET ADDRESS	42077 TODDMARK		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT. CLEMENS MI		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JABALEE, MARIANNE F JR.		6.2 NAME		
STREET ADDRESS	42077 TODDMARK		6.3 STREET ADDRESS		
CITY-ST-ZIP	MT. CLEMENS MI		6.4 CITY-ST-ZIP		

COMMONWEALTH
05/21/96 01034 025
***200.00

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: Joseph D. Maher 4-15-96 860-668-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)