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FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

**2690 CIMARRONE BLVD.  
SUITE 203**

Mailing Address

**2690 CIMARRONE BLVD.  
SUITE 203  
JACKSONVILLE FL 32259-2163**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**04/15/1991**

3a. Date of Last Report

**05/01/1996**

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 of registered agent or person authorized to act as registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LABAR, JAMES A</b>	
STREET ADDRESS	<b>40-A MILLERTOWN RD</b>	
CITY-STATE-ZIP	<b>BLOOMSBURG PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JEFFERS, RICHARD E</b>	
STREET ADDRESS	<b>1117 N E ST</b>	
CITY-STATE-ZIP	<b>RICHMOND IN 47375</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAHER, JOSEPH</b>	
STREET ADDRESS	<b>300 TANTOR ST</b>	
CITY-STATE-ZIP	<b>SUFFIELD CT 06078</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUNZ, PETER</b>	
STREET ADDRESS	<b>5859 RIVER RUN DR</b>	
CITY-STATE-ZIP	<b>SABASTIAN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JABALEE, WALTER</b>	
STREET ADDRESS	<b>42077 TODDMARK</b>	
CITY-STATE-ZIP	<b>MT. CLEMENS MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JABALEE, MARIANNE F JR.</b>	
STREET ADDRESS	<b>42077 TODDMARK</b>	
CITY-STATE-ZIP	<b>MT. CLEMENS MI</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)