

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S49742** (7)

1. Corporation Name

**ENVIRODEVELOP, INC.**

APPROVED  
AND  
FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**3225 ANNISTON ROAD  
JACKSONVILLE FL 32246  
US**

Mailing Address

**3225 ANNISTON ROAD  
JACKSONVILLE FL 32246  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/03/1991**

3a. Date of Last Report

**04/21/1994**

4. FEI Number

**59-3063531**

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. 190.020,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**JOHNS, CAROLE F  
3225 ANNISTON ROAD  
JACKSONVILLE FL 32246**

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 (not applicable))

(not applicable) Registered Agent separately required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**  
NAME **JOHNS, A.J.**  
STREET ADDRESS **3225 ANNISTON ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **PD**  
NAME **JOHNS, CAROLE F**  
STREET ADDRESS **3225 ANNISTON ROAD**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **S**  
NAME **JOHNS, TERESA A**  
STREET ADDRESS **3225 ANNISTON RD**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **TD**  
NAME **JOHNS, MARK V**  
STREET ADDRESS **3225 ANNISTON RD**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change ☐ Addition  
**Vice President/Secretary  
Johns, Teresa A.  
3225 Anniston Rd. Jax, FL 32246**

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, unchanged, or in an attachment with an address.

SIGNATURE:

*Carole F. Johns*

**Carole F. Johns, President**

**05-01-95**

(904)

**641-2055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed