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Jan 21 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 # **S49742** (7)

1. Corporation Name:
ENVIRODEVELOP, INC.



Principal Place of Business

**3225 ANNISTON ROAD
JACKSONVILLE FL 32246
US**

Mailing Address

**3225 ANNISTON ROAD
JACKSONVILLE FL 32246-4605
US**

3. Date Incorporated or Qualified

05/03/1991

3a. Date of Last Report

01/26/1996

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Carole F. Johns

1-7-97

Signature of type: Corporation name of registered agent or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **SDT** ☐ DELETE

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

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: *Carole F. Johns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

904-641-2055

Date

Daytime Phone #

CR2E034 (9/96)