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 # **S50987** **(4)**

1. Corporation Name

ENVIRONMENTAL TECHNOLOGY COLLEGE, INC.

Principal Place of Business	Mailing Address
9225 BAY PLAZA BLVD STE 407 TAMPA FL 33619 US	9225 BAY PLAZA BLVD STE 407 TAMPA FL 33619 US

3. Date Incorporated or Qualified: **05/09/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 Street: 8413 Laurel Fair Circle	26 Street: 8413 Laurel Fair Circle
22 Suite, Apt. #, etc: Suite 200	27 Suite, Apt. #, etc: Suite 200
23 City & State: Tampa, Florida	28 City & State: Tampa Florida
24 Zip: 33610 / 25 Country: USA	29 Zip: 33610 / 30 Country: USA

4. FEI Number: **59-3066919** ☐ 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

REGISTERED CORPORATE AGENTS, INC.
612 S GREENWOOD AVE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: William H. McAnally, IV
82 Street Address (P.O. Box Number is Not Acceptable): 1521 Oakfield Drive
83 Brandon, Florida 33511
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: William H. McAnally, IV as Registered Agent 4-30-96
Signature, typed or printed name of registered agent and title if applicable — (New Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHINN, RICHARD		1.2 NAME		
STREET ADDRESS	804 COTTAGE HILL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHINN, JOAN B.		2.2 NAME		
STREET ADDRESS	804 COTTAGE HILL WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Joan B. Chinn 4/30/96 813-621-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joan B. Chinn Vice President