

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S86357 (8)**

1. Corporation Name

**ENVIRONMENTAL PERMITTING AND DESIGN, INC., OF SO
UTHWEST FLORIDA**

'95 MAR 21 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8300-102 COLLEGE PARKWAY
FT. MYERS FL 33919
US

Mailing Address

8300-102 COLLEGE PARKWAY
FT-MYERS FL 33919
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1991
3a. Date of Last Report: 03/22/1994

4. FEI Number: 65-0288111
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	3800 S. TAMiami TRAIL	26	3800 S. TAMiami TRAIL
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	SUITE 203	27	SUITE 203
City & State		City & State	
23	SARASOTA FL	28	SARASOTA FL
Zip	Country	Zip	Country
24	34239	25	SARASOTA
		29	34231
		30	SARASOTA

9. Name and Address of Current Registered Agent

COLLINS, DONNA L
1448 MEDOC LANE
FT-MYERS FL 33919

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 1678 STARLING DRIVE
83	
84	City SARASOTA FL
85	Zip Code 34231

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COLLINS, DONNA L
STREET ADDRESS	1448 MEDOC LANE
CITY-ST-ZIP	FT MYERS FL
TITLE	VP
NAME	BERG, EDWARD L
STREET ADDRESS	4417 SPANKER CT., #3D
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COLLINS, DONNA L	
1.3 STREET ADDRESS	1678 STARLING DRIVE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna L. Collins

DONNA L. COLLINS

3/15/95

813
951-1145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)