


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90017 006 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S86357 ✓

1. Corporation Name
ENVIRONMENTAL PERMITTING AND DESIGN, INC., OF SOUTHWEST FLORIDA



Principal Place of Business 3800 S TAMiami TR STE 209 209 SARASOTA FL 34239 US	Mailing Address 3800 S TAMiami TRL STE 209 SARASOTA FL 34231 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1991

2. Principal Place of Business 21 3800 S TAMiami TRAIL	2a. Mailing Address 26 P.O. Box 25071
Suite, Apt. #, etc. 22 SUITE 327	Suite, Apt. #, etc. 27
City & State 23 SARASOTA	City & State 28 SARASOTA, FL
Zip 24 34239	Country 25 SARASOTA
Country 29 SARASOTA	Zip 30 34277

4. FEI Number 65-0288111	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CLARKE, DONNA
1678 STARLING DR.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name **DONNA CLARKE**

82 Street Address (P.O. Box Number is Not Acceptable)
3313 W. FOREST LAKE CIRCLE

83

84 City **SARASOTA** FL 85 Zip Code **34232**

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 *Donna L. Clarke* **DONNA L. CLARKE, PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	CLARKE, DONNA L.	
STREET ADDRESS	1678 STARLING DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	
NAME	BERG, EDWARD L	
STREET ADDRESS	4417 SPANKER CT., #3D	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>
1.2 NAME	DONNA L. CLARKE	
1.3 STREET ADDRESS	3313 W. FOREST LAKE CIRCLE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34232	
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 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 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, with all other like empowered.

SIGNATURE: *Donna L. Clarke* **DONNA L. CLARKE** 6/30/99 941-951-1145
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)