

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V44608** (0)

1. Corporation Name

**FIRST ENVIRONMENT OF FLORIDA, INC.**

APPROVED  
AND  
FILED  
95 MAY -1 AM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**7650 COURTNEY CAMPBELL CAUSEWAY  
TAMPA FL 33607**

Mailing Address

**7650 COURTNEY CAMPBELL CAUSEWAY  
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/18/1992**

3a. Date of Last Report

**04/06/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**22-3208698**

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

6. This corporation has liability for intangible tax under 5. Total Due,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 607.0509, Florida Statutes.

SIGNATURE

(Signature of agent or person named as registered agent and file of change of agent)

(Signature of Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <b>PD</b>                       |
| NAME           | <b>DELANEY, TODD</b>            |
| STREET ADDRESS | <b>7560 W COURTNEY CAMPBELL</b> |
| CITY, ST, ZIP  | <b>TAMPA FL</b>                 |
| TITLE          | <b>DS</b>                       |
| NAME           | <b>DELANEY, ELIZABETH</b>       |
| STREET ADDRESS | <b>7560 W COURTNEY CAMPBELL</b> |
| CITY, ST, ZIP  | <b>TAMPA FL</b>                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 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, the undersigned, certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(2)(b), Florida Statutes. I further certify that the information submitted 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. 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 1, 2 or Block 1, 3 if changed, or as an addendum with an address.

SIGNATURE:

*Elizabeth Delaney* Elizabeth Delaney 5/17/95 607.616-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR