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

PROFIT : CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000103918

1. Corporation Name

EARTHWISE SERVICES INC.

## **FILED** Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90006 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/14/1998  L. Principal Place of Business  Sule, Apr. 4.  28. Mailing Address  Sule, Apr. 4.  29. Sure, Apr. 4.  20. Sure, Apr	Principal Place	of Business	( ) DOSTING I ILE EDIO I IOTI E ENTE I DOTI I BESEN I INC. BOL	C 1005/1005 TER 2040 1011- BRIEL DOLL ORSEL TERE SIELD INSECTION CONTRACTION				
Description   Place of Business   2a, Mailing Address   3. Date Incorporated or Qualified   12/14/1988   3. Date Incorporated or Qualified   12/14/1988   3. Date Incorporated or Qualified   12/14/1988   3. FEI Number   3. Date Incorporated or Qualified   12/14/1988   3. FEI Number   3. Date Incorporated or Qualified   3. Date Incorporated   3.	635 MANOR RD							
3. Date Incorporated or Qualified 12/14/1998 2. Principal Place of Business 2. Mailing Address 2. Sulfe, Apt. M. G. 3. Certificate of Status Desived   \$6. To Additional Fee Required Fee Require	ENGLEWOOD FL 34223 ENGLEWOOD FL 34223					DO NOT WRITE IN THIS	SPACE	
Principal Place of Business   12/14/1998     A FEI Number     Agoiled For   Not Applicable     Addition to Fee Required     Addition to Fee Required     Addition to Fee Required     Addition to Fee Required     Addition to Fee Repaired     Addition to Fee Repaired     Addition to Fee Addition to Fee Repaired     Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired   Addition to Fee Repaired						<u> </u>	3FACE	-
Principe Place of Sunness   2a. Malling Address   2b. MARNOR Rd   25   MARNOR Rd   26   MARNOR Rd   26   MARNOR Rd   26   MARNOR Rd   27   MARNOR Rd   27   MARNOR RD   28   MARNOR RD   28   MARNOR RD   29   MARNOR RD   29   MARNOR RD   29   MARNOR RD   29   MARNOR RD   20   M						· ·		
Suita, Apt. #, etc.  Suita, Ap								F 15
CCNy & State    Cony & State   City & State   Cony & State   Converty   Country   Coun	2. Principal Place of Business Za. Mailing Address			Marton 2	2.1	4. FEI Number		
CCNy & State    Cony & State   City & State   Cony & State   Converty   Country   Coun	1 /625	MANDIZ NA.	26 104 5 111	MANOIL N	<u>a,</u>			
City & State    And   An	2727				5. Certificate of Status Desired		•	
The control   Section	City & State			- 4-		6. Election Campaign Financing	\$5.00	May Be
21	3 ENG	LEWOOD, FL.	28 ENGLEWE	OD, FL	•	Trust Fund Contribution	Added	to Fees
9. Name and Address of Current Registered Agent  MCGUINNESS, JAMES P III 1835 MANOR RD ENGLEWOOD FL 34223  84 City SMIE 1935 MANUR RD ENGLEWOOD FL 34223  84 City SMIE 1935 MANUR RD ENGLEWOOD FL 34223  85 DAMAGE RD ENGLEWOOD FL 34223  86 City SMIE 1935 MANUR RD ENGLEWOOD FL 34223  87 City SMIE 1935 MANUR RD ENGLEWOOD FL 34223  88 DAMAGE RD ENGLEWOOD FL 34223  89 City SMIE 1935 MANUR RD ENGLEWOOD FL 34223  80 City SMIE 1935 MANUR RD ENGLEWOOD FL 34223  80 City SMIE 1935 MANUR RD 1935 MANUR	Zip	Country		Coun	гу	8. This corporation owes the current year Inta	ngible	
MCGUINNESS, JAMES P III 1835 MANOR RD ENGLEWOOD FL 34223  84 City FINE FL 85 Zip Corte 63  84 City FINE FL 85 Zip Corte 63  85 Zip Corte 64 City FINE FL 85 Zip Corte 65 Zip Corte 65 Zip Corte 67 Zip Corte 68 Zip C	3422	3 25 <i>USA</i>	29 34223	30		Personal Property Tax.	☐ Yes	<b>≥</b> No
MCGUINNESS, JAMES P III 1835 MANOR RD ENGLEWOOD FL 34223  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FME  City			ent Registered Agent			10. Name and Address of New Registered	gent	
### Table   Believe   Beli			<del></del>		Name	SAME		
State   Stat				}-	2 244	* · · · · · · · · · · · · · · · · · · ·		
ENGLEWOOD FL 34223  84	1635 MANOR RD				Street			
III. 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 appicable.   (NOTE: Registered Agent signature required when reinstaling)   DATE	ENGLE	WOOD FL 34223		l,	13	12 1.11110		
III. 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 appicable.   (NOTE: Registered Agent signature required when reinstaling)   DATE				1	. 1			
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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Grand   Gran	•				City	59mE EI	85 Zip	Code
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, and martial mith, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or princid name of regimitered agent and the in applicable (KNOTE: Registered Agent signature required when reinstating)   DATE					Ш			
DELETE	12.				, s-g., ·	3,	DIRECTO	DRS IN 12
12 NAME	TITLE	0,1,02.10						Additio
1.3 STREET ADDRESS				12 NAA	E		•	
TITLE						1625 Marge Page		
TITLE	l l					DILIBURAD E 34222		
22 NAME   22 NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP			□ DELETE			ENGLE WOOD, FL SIDES	Change	Additio
23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP	1							
2 4 CITY-ST-ZIP	1			1		}		
DELETE	STREET ADDRESS							
32 NAME   32 NAME   32 NAME   33 STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP	CITY-ST-ZIP		. □ DELETE				Change.	□ Additio
3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	<i>tur€</i>	•	U DELETE			1		
34. CITY-ST-ZIP	NAME							
DELETE	STREET ADDRESS			3.3 STR	EET ADDRESS			
### ### ### ### #### #### ############	CITY-ST-ZIP							F71 4 7 221
43 STREET ADDRESS   44 C(TY-ST-ZIP	TITLE		☐ DELETE	4.1 TITL	Ē		∐ Change	Additio
### ##################################	NAME			4. 2 NA	KE			
DELETE	STREET ADDRESS			4.3 STR	EET ADDRESS	1		
TILE	CITY-\$T-ZIP			4.4 CfT	-ST-ZIP			
### 5.3 STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.	TITLE		☐ DELETE				☐ Change	Additio
5.3 STREET ADDRESS	NAME			5.2 NAM	E			
STY-ST-ZIP 5.4 CITY-ST-ZIP				5.3 STR	EET ADDRESS			
Character C Addition				54 CT	OT 710	1		
					-SI-ZIP	J		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS