

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:20

DOCUMENT # 753547 (9)

1. Corporation Name

EARTH DAY PARTNERS, INC.

Principal Place of Business

PO BOX 4365
HOMOSASSA SPRINGS FL 34447

Mailing Address

PO BOX 4365
HOMOSASSA SPRINGS FL 34447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1980

3a. Date of Last Report
07/08/1994

4. FEI Number
59-2022649

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for interstate tax under S. 190.002,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EYSTER, JIM
363 N.W. 14TH PLACE
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAW, JANE
STREET ADDRESS 8690 W. LYKES TRAIL
CITY - ST - ZIP HOMOSASSA FL

TITLE VD
NAME EYSTER, JAMES P.
STREET ADDRESS 363 N.W. 14TH PLACE
CITY - ST - ZIP CRYSTAL RIVER, FL 00000

TITLE D
NAME BRUZAK, DAVE
STREET ADDRESS FPC MARICULTURE CTR.
CITY - ST - ZIP CRYSTAL RIVER, FL 00000

TITLE D
NAME MAIDHOF, GARY
STREET ADDRESS 1300 S. LECANTO HWY.
CITY - ST - ZIP LECANTO FL

TITLE TD
NAME WALKER, DAVID
STREET ADDRESS 9203 S. MEREDITH AVE.
CITY - ST - ZIP FLORAL CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

REMITTED BY MAY 1

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

SIGNATURE:

Jane L. Shaw 3/27/95 (904) 382-3942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)