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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DÍVISION OF CORPORATIONS**

DOCUMENT # J05503

Corporation Name					
PLANET EARTH, INC.					
		-	E REBRIGE BILLE BRIGE BALLET BELLET B	A ara n ara n ara n a r	
Principal Place of Business	Mailing Address		- I läbilit ätti bäjär njiet etti aniän tiis nisi	I B 1811 91911 91911 91	dit arati tabi
1400 COLONIAL BLVD.	1400 COLONIAL BLVD.				
SUITE 70	SUITE 70		DO NOT WRITE IN TH	IC CDACE	
FT. MYERS FL 33907	FT. MYERS FL 33907			IS SPACE	
			3. Date Incorporated or Qualifed		}
	20 Mailing Address		03/24/1986 4. FEI Number	Apr	lied For
2. Principal Place of Business	2a. Mailing Address		59-2677283	<u> </u>	Applicable
Suite, Apt, #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 A	
	27		5. Certifcate of Status Desired	Fee Red	
City & State	City & State		6. Election Campaign Financing	\$5.00	Jav Be
23	28		Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 25	29 30]	Personal Property Tax.	☐ Yes ¹	Mo
9. Name and Address of Current		_	10. Name and Address of New Registere	d Agent	
		81 Name O	1 4 11.11		
MCGUIRE, PATRICK C		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
12730 NEW BRITTANY BLVD, SUITE 411			30 New Brittary	<i>૩ખ</i> ૫	
FORT MYERS FL 33907		83	L V	· ·	
,			La 411	85 Zip C	ode
		to	et Myers F	L 33°	07
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	pration submits this statement for the nurnose	of changing its	egistered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	t Fionda. Siich channe was allili	onzeo ov me corporado	in's board of directors. I hereby accept the app	pointment as reg	istered
	1		4/19/9	9	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature required	when reinstating) DATE	+	
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE STD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME WARREN, MARY ALICE		1.2 NAME			
STREET ADDRESS 535 VAL MAR DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP FT. MYERS FL 33919		1.4 CITY-ST-ZIP			
TITLE PD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME WARREN, MARY ALICE		2.2 NAME			
STREET ADDRESS 535 VAL MAR DR.		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		/ T .
CITY-ST-ZIP FT. MYERS FL 33919		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS	•	3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY- ST- ZIP			
TITLE				Chango	
1	☐ DELETE	4.1 TITLE		Change	Addition
NAME	☐ DELETE	4.1 TITLE 4. 2 NAME		Change	Addition
NAME STREET ADDRESS	☐ DELETE			_ Griange	Addition
	☐ DELETE	4. 2 NAME			
STREET ADDRESS	☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS		Change	Addition
STREET ADDRESS CITY- ST-ZIP		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE			

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90180 028 ***150.00

Change

☐ Addition