CR2E034 (11/98)

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	.17	71	83
1 Corneration Name		U,		-

DOCUI 1. Corporation	MEN # J77183				
	EARTH COMPANY, INC.				esi albii bigii albii mimil bigii inni
Principal Place of Business Mailing Address		· · · · · · · · · · · · · · · · · · ·	{	Til Bisit statt albit dift. Albit labt	
1635 W LAKE N	MARY BLVD	326 EVANSDALE RD.			
LAKE MARY FL 32746 US		P.O. BOX 950167		DO NOT WRITE IN T	LIS SPACE
		LAKE MARY FL 32795		3. Date Incorporated or Qualifed	
				06/1:1/1987	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr lied For
21 21	ace of business	26		59-2816997	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	.,	27		5. Certifc ate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Courtry	Zip	Country	8. This corporation owes the current year	
24	25	29 3	0	Persor al Property Tax.	Yes No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Register	ed Agent
wco	T THOMAS II		81 Name		
	T, THOMAS H.		82 Street A	c dress (P.O. Box Number is Not Acceptable)	
	W LAKE MARY BLVD				
1	BOX 950167 E MARY FL 32795		83		
L LANKE	: MART FL 32/95		84 City		Zip Code
	······································		. 15 15		
office or r	agistored agent or hold in the State (of Florida, Such change was but	horized by the corpoi	corporation submits this statement for the purpose retion's board of cirectors. I hereby accept the ap	prointment as reg stered
agent. a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOT.:: 6	Registered Agent signature re	guired when reinstating) DATE	
12,		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	VTD	☐ DELETE	1.1 TITLE	PSD	Change Addition
NAME	WEST, THOMAS H.		1.2 NAME		
STREET ADDRESS	1635 W LAKE MARY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	2.1 TITLE	VTD	Change Addition
NAME	WEST, URSULA M.		2.2 NAME		
STREET ADDRESS	1635 W LAKE MARY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY-ST-ZIP		
TITLE	WALLEST AND THE STATE OF THE ST	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP	!		3.4 CITY-ST-ZIP	_	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	! :		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

14. 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 cortify 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

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR