FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600000018

1. Corporation Name

HANDS ON PLANET EARTH, INC.

Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90149 004 ****61.25

					,			
Principal Place of Business Malling Address						-		
1321 15TH ST ST PETERSBU		1321 15TH ST N ST PETERSBURG FL 337	705					
Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed		
21 26						12/26/1995 4. FEI Number		pplied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						59-3382762	<u> </u>	ot Applicable
City & State City & State								Additional -
23 28						5. Certificate of Status Desired	Fee R	equired
Zip Country Zip 24 25 29			Country 30			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
	9. Name and Address of Curre		100	_		10. Name and Address of New Register	d Agent	
				81	Name			
REAM, DONNA D 1321 15TH ST N				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33705			İ	83		-	•	
011212				84	City	<u> </u>	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	TE: Registered		nt signature required			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	
NAME	DP SCULL, DOUGLAS L.	, Cl percie	1.1 TIT 1.2 NA				C Straings	
STREET ADDRESS	4004 45TH 07 M				ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY+ST-ZIP				
TITLE	DST	☐ DELETE	2.1 TII	LE			☐ Change	Addition
NAME	SCULL, DONNA D.		2.2 NA	ME				
STREET ADDRESS	1321 15TH ST N				TADORESS			
CITY-ST-ZIP TITLE	ST PETERSBURG FL D DELETE			2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME	DOBYNS, EDWARD P.			ME	•	<u> </u>	·	
STREET ADDRESS	6526 AUGUSTA BLVD.		3.3 STI	REET	TADORESS			
CITY-ST-ZIP	SEMINOLE FL 34647		3.4. CF	TY-S	T-ZIP			
TITLE	D	☐ DELETE	_ ,		İ		Change	Addition
NAME	DOBYNS, ROSEMARY N		4. 2 NA					ŀ
STREET ADDRESS	6526 AUGUSTA BLVD SEMINOLE FL				TADORESS			
CITY-ST-ZIP TITLE	SEMINULE PL	☐ DELETE	4.4 CIT 5.1 TIT		1-211		Change	Addition
NAME	,		5.2 NA		'			
STREET ADDRESS			· 5.3 STI	REET	TADORESS			}
CITY-ST-ZIP				4 CITY-ST-ZIP		<u> </u>	-	
TITLE		☐ DELETE	6.1 717			_	Change	Addition
NAME			62 NA		TADODESO			ľ
STREET ADDRESS			6.3 51	ree i	TADORESS			Ì

CITY-ST-ZIP

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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: