

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27371

(4)

1. Corporation Name

ECO SOIL SYSTEMS, INC.

Principal Place of Business

10890 THORN MINT RD
SUITE 200
SAN DIEGO CA 92127
US

Mailing Address

10890 THORN MINT RD
SUITE 200
SAN DIEGO CA 92127
US

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SIMPSON, TERRY
13749 FOLKSTONE CIR
WELLINGTON FL 33414

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 607.0602 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE

VD
SIMPSON, TERRY
13749 FOLKSTONE CIR
WELLINGTON FL

☒ DELETE

1. TYPE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TYPE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

1. TYPE

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1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information related on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as it 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

619-675-1660

CR2E034 (12/95)