FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029351 (2)

1. Corporation Name
EARTHCARE TECHNOLOGIES INC.

Principal Place of Business: P.O. BOX 47753 JACKSONVILLE FL 32207

Mailing Address: P.O. BOX 47753 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-3176163 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAHR, RANDALL A.
9252 SAN JOSE BOULEVARD
SUITE 2801
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: BAHR, RANDALL A.
82 Street Address (P.O. Box Number is Not Acceptable): 9252 SAN JOSE BLVD. #2603
83
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	BAHR, MITZI C.	12 NAME	BAHR, MITZI C.
STREET ADDRESS	9252 SAN JOSE BOULEVARD, #2801	13 STREET ADDRESS	9252 San Jose Blvd. # 2603
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, Fl. 32257
TITLE	VP	21 TITLE	V.P. ☒ Change ☐ Addition
NAME	BAHR, RANDALL A.	22 NAME	BAHR, RANDALL A.
STREET ADDRESS	9252 SAN JOSE BOULEVARD, #2801	23 STREET ADDRESS	9252 San Jose Blvd. # 2603
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, Fl. 32257
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] VP (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 04/20/95 (Date) 9044436266 (Daytime Phone #)

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