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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P93000067418 (2)

PENNSYLVANIA EARTH TECHNOLOGIES, INC.

Principal Place of Business Mailing Address PO BOX 857 MCMURRAY PA 15317 PO BOX 857 MCMURRAY PA 15317 3. Date Incorporated or Qualified 09/28/1993 07/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 15-9810577- 65-043 9970 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional								
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Subject Subj	2. Principal Plac	ce of Business	2a. I	Mailing Address				4. FELNumber
Coty & State 27	21							-15-9810577- 65-0434410 Not Applicable
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25 29 30 Forciso Statutes No. Nome and Address of Current Registered Agent		Constant			T2			7,000 10 7,000
Second Second Services Second			F1	₁				
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301 82 Street Address (P.C. Box Number is Not Acceptable) 11. Pursuint to the provisions of Sections 607.0502 and 607.1508, Fordid Stahlots, the above named corporation submits this statement for the purpose of changing its registered of the or pregistered againt, or both, in the Stare of Fonds. Sections 607.0505, Florida Stahlots, the above named corporation submits this statement for the purpose of changing its registered of the or pregistered againt, or both, in the Stare of Fonds. Sections 607.0505, Florida Stahlots, the above named corporation submits this statement for the purpose of changing its registered of the or registered againt, and accept the colliginations of, Section 607.0505, Florida Stahlots, status and the corporation is board of directors. I hereby accept the appointment as registered agent, and maintain a section of the corporation is above of directors. I hereby accept the appointment as registered agent, and accept the colliginations of, Section 607.0505, Florida Stahlots, status. SIRCH ADDITIONS (Tall State and S	24]			red Agent	[30]			
1201 HAYS ST. TALLAHASSEE FL 32301 83 64 City FL 85 75 65 75 75 75 75 75 75 75 7	······································					81	Name	10. Harris and readings of Herr Hogistolya Agent
1201 HAYS ST. TALLAHASSEE FL 32301 83 64 City FL 85 75 65 75 75 75 75 75 75 75 7	CORPO	RATION INFORMATION SERVI	CES INC.			82	Street Ar	Address (P.O. Box Number is Not Accentable)
The provisions of Sections 607.0502 and 607.1508. Floridal Statistics, the above named corporation submits this statement for the purpose of changing its registered office familiar with an accept the obligations of Joseph Provide Statistics. Provide a Information by the componentiant's board of directors. I hereby accept the appointment as registered office familiar with an accept the obligations of Joseph Provide Statistics. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. OFFICERS AND DIRECTORS 11. THE BROADRICK, RON L 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. THE PROVIDE STANGES IN 12. 10. TANGE GODDARD, CLEON 10. TANGEWOOD DR 22. ADMIT STANGES IN 12. 23. THE LADRESS 10. TANGEWOOD DR 23. THE LADRESS 10. TANGEWOOD DR 24. THE PROVIDE STANGES IN 12. 24. THE PROVIDE STANGES IN 12. 25. THE LADRESS 10. TANGEWOOD DR 26. THE LADRESS 10. THE LADRESS					i			
TI. Pursuant to the provisiones of Sections 607.0502 and 607.1508. Florids Stabutes, the above named corporation submits this statement for the purpose of changing its registered difficult state of florids. Such change was autherized by the conjunction is board of directors. I hereby accept the appointment as registered eigent. I am registe	TALLAH	ASSEE FL 32301				03		
or registored agent, or both, in the State of Horical State to Horizal State of Horizal Sta						84	City	FL 85 Zip Code
Signature Particular print of transplant	or registere	d agent, or both, in the State of Flor	ida. Such d	chance was authorize	s, the abo id by the c	ve-r xorp	narned cor oration's b	rporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. Fam
13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 TITLE	SIGNATURE	Lance Control of the						1 AND ASS SEE TO SHOULD BE SEEN TO SEE THE SECOND SEE THE SECOND
TITLE						AĢKII	it signature req	
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18639 AVE CAPR 13 STREET ADDRESS 14 CUTY - ST - 7P	NAME	BROADRICK, RON I						
CITY_ST-ZIP	STREET ADDRESS						ADDRESS	
TILE	CITY-ST-ZIP							
STREET ADDRESS 105 TANGLEWOOD DR	TITLE	······		DELETE				Change Addition
CITY-ST-ZIP MCMURRAY PA 15317	NAME	GODDARD, CLEON			22 %	M.		
TREASURER	STREET ADDRESS	105 TANGLEWOOD DR			2357	REET	ADDRESS	
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NAME MOORE, LARRY 42 NAME	CITY+ST-ZIP	LUTZ FL 33549	,,,,		3.4 Ct	TY · S	1 - ZIP	
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CITY-ST-ZIP 64 CITY-ST-ZIP	1							
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		certify that the information supplied	with this fi	lno is voluntarily fumi				lify for the exemption stated in Section 119 07/3/6/ Florida Statutos 15 other

To the day certify that the information supplied with this liming is voluntarily furnished and codes not quality for the exemption stated in Section 1.19.07(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 cath; that I am an officer or director of the corporation or the receiver or trusted 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 attentional with an address.

SIGNATURE: X

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/96 4129423006

CR2E034 (12/95)