

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90078 015 ***158.75

DOCUMENT # P93000067418

1. Corporation Name

PENNSYLVANIA EARTH TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

2620 HUNT ROAD
LAND O LAKES FL 34639

PO BOX 857
MCMURRAY PA 15317



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1993

4. FEI Number

65-0439970

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.



Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 P.O. Box 274128

27 Suite, Apt. #, etc.

28 City & State

Tampa, FL

29 Zip

33688

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROADRICK, RON
18639 AVENUE CAPRI
LUTZ FL 33549-5346

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 607.0502 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

Ron L. Broadrick

Signature, typed by printed name of registered agent and title if applicable.

Ron L. Broadrick, President 4-29-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BROADRICK, RON L
STREET ADDRESS 18639 AVE CAPRI
CITY-ST-ZIP LUTZ FL 33549

☐ DELETE

TITLE V
NAME GODARD, CLEON
STREET ADDRESS 105 TANGLEWOOD DR
CITY-ST-ZIP MCMURRAY PA 15317

☐ DELETE

TITLE ST
NAME BROADRICK, LEWIS
STREET ADDRESS 18225 BITTERN AVE
CITY-ST-ZIP LUTZ FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE:

Ron L. Broadrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

813-909-8000

CR2E034 (11/98)