

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000017278 (0)

1. Corporation Name

GREEN EARTH HOLDINGS, INC.



Principal Place of Business

1010 E. ADAMS ST.  
JACKSONVILLE FL 32202

Mailing Address

1010 E. ADAMS ST.  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
03/04/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 1600 Independent Square

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3232420

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME LOVETT, W. RADFORD II  
STREET ADDRESS 1010 E. ADAMS ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VT ☐ DELETE  
NAME WILLIAMS, L D  
STREET ADDRESS 1010 E ADAMS ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE  
NAME KREIS, R R  
STREET ADDRESS 1010 E ADAMS ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME LOEB, K L  
STREET ADDRESS 1010 E ADAMS ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME LOVETT, P H  
STREET ADDRESS 1010 E ADAMS ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME LOVETT, L D  
STREET ADDRESS 1010 E ADAMS ST  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 1600 Independent Square  
1.3 STREET ADDRESS 32202

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 1600 Independent Square  
2.3 STREET ADDRESS 32202

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 1600 Independent Square  
3.3 STREET ADDRESS 32202

3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME 1600 Independent Square  
4.3 STREET ADDRESS 32202

4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME 1600 Independent Square  
5.3 STREET ADDRESS 32202

5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME 1600 Independent Square  
6.3 STREET ADDRESS 32202

6.4 CITY-ST-ZIP ☒ Change ☐ Addition

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: *L D Williams* Vice Pres./Tres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 904 634 8808  
Date Daytime Phone #

CR2E034 (12/95)