

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

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FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90118 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017278

1. Corporation Name
GREEN EARTH HOLDINGS, INC.



Principal Place of Business 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202 US	Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32202-5009 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 Independent Drive Suite, Apt. #, etc. 22 Suite 1600 City & State 23 Jacksonville, FL Zip 24 32202-5009	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 27 City & State 28 Zip 29 Country 30 USA
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3. Date Incorporated or Qualified 03/04/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3232420	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KREIS, ROBERT R. 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32202	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, W. RADFORD II	1.2 NAME	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, L D	2.2 NAME	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIS, R R	3.2 NAME	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, R.D.	4.2 NAME	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLO, JEANNINE	5.2 NAME	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Katherine Harris, Vice Pres February 11, 1999 904/634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)