PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90083 040 ***150.00

| DOCUMENT # | P94000020791 |
|---------------------|----------------|
| 1. Corporation Name | 1 0 1000020701 |

| 1. Corporation FROM T | 'HE EARTH, INC. | 0020 | 7731 | | | | | | | | | |
|--|---|----------------|---------------------|-------------|-------------|---------------|---|------------------------------------|--|--|---------------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | O IBINI OKOH OBHU OTUK | | | 19161 1101 1601 |
| 3297 CAVERNS RD. MARIANNA FL 32446 3297 CAVERNS RD. MARIANNA FL 32446 | | | | | | | DO NOT WRITE IN "HIS SPACE | | | | | |
| | | | | | | | 0 | 3/17/1994 | ted or Qualifed | | | |
| 2. Principal P | lace of Business | 2a. | Mailing Address | | | | 1 | El Number | _ | | <u> </u> | plied For |
| 21 | | 26 _ | | | | | 5 | <u> </u> | • | | | t Applicable |
| Suite, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. C | Certificate of S | atus Desired | | \$8.75 A | |
| City & Stat | | | | | | | I . | • | aign Financing | | \$5.00 | • |
| 23 | | 28 | 7 : | | | | | rust Fund Co | | | Added t | o Fees |
| Žip | Country | | Zip | Cou | ntry | | - 1 | • | n owes the currer | | _ | □No |
| 24 | 25 | 29 | | 30 | | | | ersonal Prop | erty ι ax. dress of New Re | | Yes | |
| | 9. Name and Address of Cur | Tent Registe | erea Agent | | 81 | Name | 10. N | arne anu Au | diess of New Ke | igist ared A | Jenr | |
| FUQUA, H. MATTHEW 4450 LAFAYETTE ST. | | | | 82 | Street | Address (P.C | dress (P.O. Box Number is Not Acceptable) | | | | | |
| MAN | RIANNA FL 32447 | | | | 83 | | | | | | | |
| | | | | | 84 | City | | | | FL | 85 Zip C | Code |
| office or r | to the provisions o Sections 607.1 egistered agent, or both, in the Stam familiar with, and accept the ob | ale of Florida | i. Such change was | authorized | hu: | the come | corporation s oration's boar | submits this st rd of directors | atement for the p . I hereby accept | urpcise of ch the appoint | nanging ts ment as reg | registered gistered |
| SIGNATURE | | | | | | | | | _ | | | |
| | Signature, typed or printed name of registered | | | | Ageni | l signature r | equired when rein: | | | D/.TE | | |
| 12. | | AND DIREC | | 13, | | | AD | DE ITIONS/CH | ANGES TO OFF | | | |
| TITLE | D | | ☐ DELETE 1. | | LE | | | | | | Cehange | Addition |
| NAME | SCHULZ, KENNETH | | | 1.2 NA | | | - 4- | A 14. | -1 | | | |
| STREET AUDRESS | 126 DURAN ST. | | | 1.3 ST | REET | ADDRES 3 | 7.95 | Myn | , 5t. L 3244 | . , | | |
| CITY-ST-ZIP | SANTA FE NAI 87501 | | | | 1.4 CITY-ST | | Moria | 1110/ | 1 3244 | 6 | _/_ | |
| TITLE | D | | ☐ DELETE | 2.1 ⊞ | _ | | } | • | | | 2 Chançe | Addition |
| NAME | SCHULZ, MARGARET | | | 2.2 NA | ME | | | | c 1 | | | |
| STREET A JORESS | | | | 2.3 \$1 | REET | ADDRESS | 2950 | WYM ? | <i>y</i> . | | | |
| CITY-ST IP | SANTA FE NM 87501 | | | 2.4 C | | T-ZIP | Maria | My F | 64. L 3244 | 6 | | |
| TITLE | | | ☐ DELE, E | 3.1 TI | LE | | | • | | 1 | Change | ☐ Addition |
| NAME | | | | 3.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | | 3.3 ST | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 3.4 C | TY-S | T-ZIP | ٠ | | | | | |
| TITLE | l | | □ DELEGE | 4 1 Tr | 1F | | · | | | | □ Chan je | ☐ Addition |

NAME 4. 2 NAME STREET / DDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CiTY-ST-ZIP DELE LE ☐ Charge ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET, DDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELE TE 6.1 TITLE ☐ Char ge Addition TITLE 6.2 NAME NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I fur their 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, and attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Kenneth Schulz 4/24/96 850.482.4256