FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95--01050--022
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000031279

1. Corporation Name

EARTH CARE PRODUCTS OF TENNESSEE, INC.

Principal Place of Business	Mailing Address
Sharon Industrial Park Sharon,TN 38255	2300 W. Glades Rd. Suite 440W Boca Raton, FL 33431

3. Date Incorporated or Qualified
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 Sharon Industrial Pk	26 2300 W. Glades Rd.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 Suite 440W
City & State 23 Sharon, TN	City & State 28 Boca Raton, FL
Zip 24 38255 Country 25 USA	Zip 29 33431 Country 30 USA

4. FEI Number 65-0493659 — 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

David A. Farrow
c/o Earth Care Global Holdings, Inc.
2300 W. Glades Rd., Suite 440W
Boca Raton, FL 33431

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 David A. Farrow, President/Treasurer 5/1/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C/CEO/D
NAME	Harold H. Gebert
STREET ADDRESS	765 Skippack Pike
CITY ST ZIP	Blue Bell, PA 19422
TITLE	P/T
NAME	David A. Farrow
STREET ADDRESS	1060 S.W. 19th St.
CITY ST ZIP	Boca Raton, FL 33486
TITLE	S
NAME	Nancy Farrow
STREET ADDRESS	1060 S.W. 19th St.
CITY ST ZIP	Boca Raton, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

6/10

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: David A. Farrow, President/Treasurer 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
407-394-3511