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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031279 (0)

EARTH CARE PRODUCTS OF TENNESSEE, INC.

Principal Place of Business	Mailing Address					
SHARON INDUSTRIAL PK SHARON TN 38255	2300 W GLADES RD SUITE 440W BOCA RATON FL 33431-7334					
2. Principal Place of Business	2a. Mailing Address					

FILED
May 14 1997 8:00am
Secretary of State

3a, Date of Last Report



3. Date Incorporated or Qualified

								04/22/19	94	06/1	2/1996		
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Numbe		Applied For			
21			26					65-0493659 Not Appl				ot Applicable	
Sulte, Apt. #, etc.			27	Suite, Apt. #, otc.				5. Certificate	of Status Desired			Additional equired	
City & State			1	City & State				6. Election Ca	impaign Financing		\$5.00	May Be	
23				28				Trust Fund Contribution Added to Fees					
Zip		Country		Zιρ	Col	untry	'	8. This corpo	ation has liability for i	ntangible t	ax under s	: 199.032	
24		25	29		30			Florida Sta] No		
	g, Name	and Address of Current	Regis	itered Agent				10. Name and	Address of New Re	gistered A	gent		
FAF	ROW, DAV	ID A				81	Name		i				
2300 W GLADES RD					82	Stroot Add	ross /D.O. Pay Nu	nber is Not Acceptab	Jal				
SUITE 440W						02	alleet Auu	IESS (F.O. DUX NU	inder is Not Acceptat	ле)			
	BOCA RATON FL 33431					83							
		12 00 10 1				Ш							
						84	City			FI	85 Zip	Code	
11. Pursuant	to the provisi	ons of Sections 607 0502	and 6	07 1508 Florida Statut	es the a	hove	named con	noration submite th	is statement for the n		hanaina i	ite registered	
office or r agent. I a	egistered ag m familiar wi	ons of Sections 607.0502 ent, or both, in the State c th, and accept the obligat	f Floridions o	da. Such change was a f, Section 607.0505, Fid	authorize orida Sta	d by	the corpora	tion's board of dire	ctors. I hereby accep	of the appo	intment as	registered	
SIGNATURE	Signature, typed	or printed name of registered agent	and the	if applicable (NOT	E Registere	d Age	int signature re qui	red when reinstating)	. Parter visco	DATE	·	· · · · · · · · · · · · · · · · · · ·	
12.		OFFICERS AND	DIREC		13.	•			CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
TITLE	P			DELETE	1.1.1	ILE	1	DCOO			Change	☐ Addition	
NAME	FARROW	, david a			1.2 N	AME							
STREET ADDRESS	1060 SW	19TH ST			1.3 \$	1REET	ADDRESS						
CITY-ST-ZIP	BOCA RA	NTON FL				ITY-S	·						
TITLE	S			DELETE	2.1 T	-					Change	Addition	
NAME	IRONS, S	COTT M			2.2 N	AME				•			
STREET ADDRESS	5540 SW						ADDRESS						
CITY-ST-ZIP		ION FL 33317					ST-ZIP						
TITLE	CČEO			DELETE	311		را-2" و			····	Change	Addition	
NAME		HAROLD H			3.2 N			•			Er Chango		
STREET ADDRESS		PACK PIKE					ADDRESS						
CITY-ST-ZIP	BLUE BE												
TITLE	D			DELETE	4.1 TI		5T - ZIP			т	Change	Addition	
NAME	_	HAROLD H		THE DELECT	4.1 II		1		*	L	Ondrige	L VIIOIIOII	
STREET ADDRESS		PACK PIKE					ADDDI GO						
	BLUE BE						ADDRESS						
CITY-ST-ZIP TITLE	T	<u>ut 1 N</u>		DELETE	51 II	ITY-SI	F-ZIP				Change	A data to the	
NAME	MARQUIS	LIONEI		T) berrie	1					L	Change	Addition	
					5 2 N.								
STREET ADDRESS		73RD TERRACE					ADDRESS						
CITY - ST - ZIP	LAUDEKI	IILL FL 33319		DELETE		TY- \$1					7		
TITLE				☐ DELETE	6.1 1		"	LAO	A		Change	Addition	
NAME					6.2 N	AME	1	naak s,	ALSENTZ 65 ROND	0.74 C.A.			
STREET ADDRESS					6.3 S	IREET.	address 2	GMS	es Romo.	> 01-19	' ५५	9 W	
CITY-ST-ZIP					6.4 CI	1Y-S1		00CA 147	ON A 3	72 Y 31			
14. I do hereb	by certify that	the information supplied	with th	is filing does not qualif	y for the	exer	nption stated	in Section 119.07	(3)(i). I lorida Statutes	s. I further o	ertify that	the	

14. Ido hereby certify that the information supplied with this filling 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 trusteed 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.

appears in block 12 or block 13 ii changed, or than an address.

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