

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000031279 (0)

1. Corporation Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	801 Industrial Drive	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	P.O. Box 379	27	
City & State		City & State	
23	TRUSSARDI, TN	28	
Zip	Country	Zip	Country
24	38382	25	U.S.
29		30	

3. Date Incorporated or Qualified

04/22/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FARROW, DAVID A
2300 W GLADES RD
SUITE 440W
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81	Name	BRUCE C. ROSSO
82	Street Address (P.O. Box Number is Not Acceptable)	2300 GLADES RD SUITE 440W
83		
84	City	BOCA RATON
85	Zip Code	FL 33431

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 Bruce C. Rosso, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

1/14/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	PRESIDENT
NAME	FARROW, DAVID A	1.2 NAME	BRUCE FERRIN
STREET ADDRESS	1060 SW 19TH ST	1.3 STREET ADDRESS	2300 GLADES RD. SUITE 440W
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	S	2.1 TITLE	SECRETARY
NAME	IRONS, SCOTT M	2.2 NAME	BRUCE C. ROSSO
STREET ADDRESS	8540 SW 2ND CT.	2.3 STREET ADDRESS	2300 GLADES RD. SUITE 440W
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	C	3.1 TITLE	TREASURER
NAME	GEBERT, HAROLD H	3.2 NAME	MICHAEL SCHMIDT
STREET ADDRESS	765 SKIPPACK PIKE	3.3 STREET ADDRESS	2300 GLADES RD SUITE 440W
CITY-ST-ZIP	BLUE BELL PA	3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D	4.1 TITLE	
NAME	GEBERT, HAROLD H	4.2 NAME	
STREET ADDRESS	765 SKIPPACK PIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	MARQUIS, LIONEL	5.2 NAME	
STREET ADDRESS	5420 NW 73RD TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	5.4 CITY-ST-ZIP	
TITLE	PCEO	6.1 TITLE	
NAME	ALSENTZER, MARK S	6.2 NAME	
STREET ADDRESS	2300 GLADES RD STE 440 W	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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.

SIGNATURE:

Bruce C. Rosso, Secretary

1/14/98

561-394-3511

CR2E034 (10/97)