ANNUAL F 199			. Mortham y of State						•
DOCUMEN' 1. Corporation Na		16573							
SOUTH FLOR Principal Place of	IDA EARTH CARE Dusiness	PRODUCTS, INC Mailing Address				00 107 14	RITE IN THIS	en a ce	
					2 Data Ing	orporated or Qualif		Date of Last	Report
420 UPPER STATE RD.					10-18-9			ITIAL R	•
CHALFONT 2. Principal Place	PA 18914 - 3908	2a. Mailing Address	s		4. FEI Numb			* * * * * * * * * * * * * * * * * * * 	Applied F
	EARTH CARE PROD	L			65-0532	2197			Not Applie
Suite, Apt. #,	ET. SO. #4 ≤€ 117	Suite, Apt. #, et	tc.		Γ	te of Status Desire] ه		75 Additio ee Required
City & State		City & State			6. Election	Campaign Financin	ng gr	 1	.00 May
23 NAPLES,		28	0			nd Contribution	4		dded to Fee
Zip	Country	Zip	Counti	Y		poration has liabili Statutes	Yes	ole tax under No	S. (33.03
24 33940	25 e and Address of Current		130			and Address of N	<u> </u>	·	
3. Nam	9 Bild Addiess of Carrent	Hogistores Rigerit	81	Name					
			82	Street Add	iress (P.O. Bo	x Number is Not A	Acceptable)		
						 			
NEIL C. HO			B3						
	, PALM DRIVE		1						
DOOR BROOK	T TOT 22/22		84	City					Zip Code
	I, FL 33432					in this statement for	os the nu chose	FL _	·
11. Pursuent to the or registered as familiar with, as SIGNATURE.	provisions of Sections 807.0502 pant, or both, in the State of Flori and accept the obligations of Sec	ide. Such change was such ction 607.0505, Florida S	Statutes, the norized by the tatutes.	above-named corporation's	DOGIC OI GIRECTO	ra, ellereby accept the	аррон ізнісні	FL of changing its as registered m	registered o
11. Pursuant to the or registered eg familiar with, el SIGNATURE:	provisions of Sections 607.0502 gent, or both, in the State of Flori nd accept the obligations of, Sec gnature, typed or printed name	ide. Such change was sufficien 607.0505, Fiorida S of registered agent and	Statutes, the norized by the tatutes.	above-named corporation's	E: Registered	Agent signature requi	ired when rein	FL of changing its as registered as stating)	registered o gent. 1 em DATE
11. Pursuant to the or registered of familiar with, at SIGNATURE:	provisions of Sections 607.0502 gent, or both, in the State of Flori nd accept the obligations of, Sec gnature, typed or printed name OFFICERS	ds. Such change was surrection 607.0505, Florida Si of registered agent and AND DIRECTORS	Statutes, the norized by the tatutes.	above-named corporation's	E: Registered	ra, ellereby accept the	аррон ізнісні	FL of changing its as registered as stating)	registered of gent. 1 am DATE
11. Pursuent to the or registered expenditure with, expenditure: SIGNATURE: Signature: TITLE NAME	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec phature, typed or printed name OFFICERS NEIL HOPKINS, I	da. Such change was sutrection 607.0505, Florida S of registered agent and AND DIRECTORS PRESIDENT	Statutes, the norized by the tatutes.	le (NOT 13. 11 TITLE 12 NAME	E: Registered	Agent signature requi	ired when rein	FL of changing its as registered as istating)	registered of gent. 1 em
11. Pursuant to the or registered as familiar with, as SIGNATURE: Signature: 12. TITLE NAME STREET ADDRESS	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	ie (NOT 13. 11 TITLE 12 NAME 13 STREE 14 CITY	E: Registered ADDI T ADDRESS -ST - ZIP	Agent signature requi	ired when rein	FL of changing its as registered as istating)	registered of gent. 1 am DATE
11. Pursuant to the or registered of familiar with, at SIGNATURE: Signature: Signature: Title NAME STREET ADDRESS CITY - ST - ZIP TITLE	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec phature, typed or printed name OFFICERS NEIL HOPKINS, I	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	ie (NOT 13. 11 TITLE 12 NAME 14 CITY 21 TITLE	E: Registered ADDI T ADDRESS -ST - ZIP	Agent signature requi	ired when rein	FL of changing its as registered as istating)	registered of gent. 1 am DATE CTORS IN e Ad
11. Pursuant to the or registered as familiar with, as SIGNATURE: Signature: Signature: Title NAME STREET ADDRESS CITY -ST -ZIP	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	le (NOT 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE	E: Registered ADDI T ADDRESS -ST - ZIP	Agent signature requi	ired when rein	FL of changing its as registered as stating) S AND DIRECTOR	registered of gent. 1 am DATE CTORS IN e
11. Pursuent to the or registered expending with, at SIGNATURE: SigNATURE: SigNATURE: TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	le (NOT 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE	E: Registered ADDI ET ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP	Agent signature requi	ired when rein	of changing its as registered as stating) S AND DIRECTARD Chang	PATE CYORS IN Add a Add
11. Pursuant to the or registered as familiar with, as SIGNATURE: SIGNATURE: TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME NAME NAME NAME	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	is (NOT 13. 11 TITLE 12 NAME 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME	E: Registered ADDI ET ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP	Agent signature requi	ired when rein	FL of changing its as registered as stating) S AND DIRECTOR	PATE CYORS IN Add a Add
11. Pursuent to the or registered of familier with, of signature: Signature:	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	ie (NOT 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE	E: Registered ADDI ET ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP	Agent signature requi	ired when rein	of changing its as registered as stating) S AND DIRECTARD Chang	PATE CYORS IN Add a Add
11. Pursuent to the or registered expending with, as SIGNATURE: SIGNATURE: SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY -ST - ZIP	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	le (NOT 13. 11 TITLE 12 NAME 13 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE	E: Registered ADDI ET ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP EE ADDRESS -ST - ZIP	Agent signeture requi	TO OFFICERS	FL of changing its as registered as registered as stating) S AND DIRECT Change	PATE CTORS IN Add Add Add Add
11. Pursuent to the or registered expension of the series	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	le (NOT 13. 11 TITLE 12 NAME 13 STREE 24 CITY 31 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME	E: Registered ADDI ET ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP EE ADDRESS -ST - ZIP	Agent signature requi	TO OFFICERS	FL of changing its as registered as steting) S AND DIRECTOR Chang Chang	PATE CTORS IN Add Add Add Add
11. Pursuant to the or registered as familiar with, as SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY -ST - ZIP	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	is (NOT 13. 11 TITLE 12 NAME 13 STRES 14 CITY 21 TITLE 22 NAME 23 STRES 24 CITY 31 TITLE 32 NAME 33 STRES 34 CITY 41 TITLE 42 NAME 43 STRES 44 CITY	E: Registered ADDI ET ADDRESS -ST - ZIP	Agent signeture requi	TO OFFICERS	of changing its as registered as setting) S AND DIRECTOR Change	registered of gent. 1 em DATE CYORS IN e Ad e Ad
11. Pursuant to the or registered as familiar with, as SIGNATURE: 12. 12. 11. NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	ie (NOT 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME	E: Registered ADDI T ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP E ET ADDRESS -ST - ZIP E E E ADDRESS -ST - ZIP E E E ADDRESS	Agent signeture requirements TIONS/CHANGES 21 DT 11 11 11 11 11 11 11 11 11 11 11 11 11	TO OFFICERS	FL of changing its as registered as steting) S AND DIRECTOR Chang Chang	registered of gent. 1 em DATE CYORS IN e Ad e Ad
11. Pursuent to the or registered expension of the control of the	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	Bove-named Corporation's	E: Registered ADDI ET ADDRESS -ST - ZIP E ADDRESS -ST - ZIP E ET ADDRESS	Agent signeture requirements TIONS/CHANGES 21 DT 11 11 11 11 11 11 11 11 11 11 11 11 11	TO OFFICERS	of changing its as registered as setting) S AND DIRECTOR Change	registered of gent. 1 em DATE CYORS IN e Ad e Ad
11. Pursuent to the or registered expensive familiar with, as SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	Bove-named Corporation's	E: Registered ADDI ET ADDRESS -ST - ZIP E ET ADDRESS -ST - ZIP	Agent signature requirements TIONS/CHANGES 2: CHCHCH -03/22/	TO OFFICERS	changing its as registered as steting) S AND DIRECTION Change Change Change Change Change Change	registered of gent. 1 em DATE CTORS IN e Add e Add e Add
11. Pursuant to the or registered as familiar with, as SIGNATURE: NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	of registered agent and AND DIRECTORS PRESIDENT RD.	Statutes, the norized by the tatutes.	Bove-named Corporation's 13. 11 TITLE 12 NAME 14 CITY 21 TITLE 22 NAME 24 CITY 31 TITLE 22 NAME 33 STREE 24 CITY 31 TITLE 42 NAME 34 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 61 TITLE 55 NAME 56 CITY 61 TITLE 65 NAME 56 CITY 61 TITLE 65 NAME 65 NAME	E: Registered ADDI ET ADDRESS -ST - ZIP EET ADDRESS -ST - ZIP EET ADDRESS -ST - ZIP EE ET ADDRESS	Agent signeture requirements TIONS/CHANGES 2 [1] [1] -03/22/ ***200.1	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tchanging its as registered as registered as registered as stating) AND DIRECT Change	registered of gent. 1 em DATE CTORS IN e Add e Add e Add
11. Pursuant to the or registered as familiar with, as SIGNATURE: SIGNATURE: SIGNATURE: TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS	provisions of Sections 807.0502 pent, or both, in the State of Florind accept the obligations of, Sectional accept the obligations of, Sectional Research Prince of Section 1988 OFFICERS NEIL HOPKINS, I 420 UPPER STATE CHALFONT, PA 18	da. Such change was surrection 607.0505, Florida S of registered agent and AND DIRECTORS PRESIDENT E RD. 3914-3908	Statutes, the horized by the tatutes.	Bove-named Corporation's	E: Registered ADDI ET ADDRESS -ST - ZIP EET ADDRESS -ST - ZIP	Agent signeture requirements TIONS/CHANGES 2: OICHOI -03/22/ ***280.1	10 1 7 5 36 -010 000	Chang	registered of gent. 1 em DATE CYDRS IN e Add
11. Pursuent to the or registered as familier with, as SIGNATURE: NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP	provisions of Sections 807.0502 pent, or both, in the State of Flori nd accept the obligations of, Sec pnature, typed or printed name OFFICERS NEIL HOPKINS, I 420 UPPER STATE	ds. Such change was surrection 607.0505, Floride Si of registered agent and AND DIRECTORS PRESIDENT ERD. 3914-3908	Statutes, the norized by the tatutes. title if applications are a state of the sta	Bove-named Corporation's 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 61 TITLE 62 NAME 63 STREE 64 CITY 64 TITLE 64 CITY 64 TITLE	E: Registered ADDI T ADDRESS -ST - ZIP ET ADDRESS -ST - ZIP E E E E TADDRESS -ST - ZIP E E TADDRESS -ST - Z	Agent signeture requirements of the signeture of the sign	TO OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS	FL of changing its as registered as registered as registered as stating) S AND DIRECT Change	registered of gent. 1 am DATE CTORS IN e Ad a Ad a Ad Statutes. It tas if made