

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90033 025 ***150.00

DOCUMENT # P95000001051

1. Corporation Name
GOOD EARTH, INC.



Principal Place of Business
160 TANGLEWOOD RD.
DEBARY FL 32713

Mailing Address
160 TANGLEWOOD RD.
DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/03/1995

4. FEI Number
59-3297320

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 160 Tanglewood Rd.
Suite, Apt. #, etc.

26 160 Tanglewood Rd.
Suite, Apt. #, etc.

22 City & State
23 DEBARY FL.

27 City & State
28 DEBARY FL.

24 32713 25 FLORIDA

29 32713 30 FLORIDA

9. Name and Address of Current Registered Agent

LOVETT, DANIELLE T
160 TANGLEWOOD RD.
DEBARY FL 32713

SAMUEL G LOVETT III

10. Name and Address of New Registered Agent

81 Name
SAMUEL G LOVETT III

82 Street Address (P.O. Box Number is Not Acceptable)
160 TANGLEWOOD RD.

83 City
84 DEBARY FL 85 Zip Code
32713

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 SAMUEL G LOVETT III DATE April 26, 1999

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOVETT, SAMUEL G III
160 TANGLEWOOD RD.
DEBARY FL 32713

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
LOVETT, DANIELLE L
160 TANGLEWOOD RD.
DEBARY FL 32713

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)