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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

1-3-97 941-388-3265

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056108 (0)

EARTHWORMS OF ST. ARMANDS, INC.

Principal Place of Business Mailing Address 28A S. BOULEVARD OF PRESIDENTS 28A S. BOULEVARD OF PRESIDENTS SARASOTA FL 34236 SARASOTA FL 34236-1424 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1995 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0595289 Not Applicable 26 Suite, Apt. #, etc. Suitc, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Country $Z \phi$ 8. This corporation has liability for intangible tox under s. 199.032, 24 Yes 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEVITT, SANDY 2201 RINGLING BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 203 83 SARASOTA FL 34237 84 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 offsec 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. Larn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Suprementages to protect or new of regulation expect and other trapplicable. (NOT). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change THILE 11 TITLE GIBBS, ALAN E 1.2 NAME 1104 BEN FRANKLIN DR. #316 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 1.4 CITY - ST - ZiP CITY-S1 7/P DELETE Change Addition TITLE 2.1 TITLE GIBBS, GEOFFREY A 2.2 NAME NAME 6465 KAHANA WAY 2.3 STREET ADDRESS STREET ADDRESS: SARASOTA FL 32241 2 4 CHTY-ST-7IP CITY S: DELETE Addition Change TITLE 31 TITLE JENSEN, BARBARA J NAME 3.2 NAME 2200 ROSE STREET 3 3 STREET ADDRESS STREET FALIDALISS SARASOTA FL 34239 34. DITY-ST-ZIP CHY-ST ZIP DELETE Change ☐ Addition 10:16 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ACCORDS 4.4 CITY-ST-ZIP CHY-ST ZIP Addition DELETE Change 5.1 TITLE **5.2 NAME** NAME STED FARDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP OTY-SEZIE Change Addition TOTALE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADJURESS 6.4 CITY - ST - ZIP COLY-ST ZIE

14. Edo 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 incloated on this amount 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 of 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 chapted or han also ment with an address.