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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # P95000085465

1. Corporation Name
EARTH GATHERINGS, INC.

Principal Place of Business
5003 LAKE CATHERINE DRIVE
PALM BEACH GARDENS, FLA
33403
NEW

Mailing Address
/same as principal place of business
NEW

3. Date Incorporated or Qualified: Oct 27, 1995
3a. Date of Last Report: April 1996

2. Principal Place of Business
21 5003 Lake Catherine Dr.
22 Suite, Apt. #, etc.
23 City & State: Palm Beach Gardens, FLA
24 Zip: 33403 25 Country: PB

2a. Mailing Address
26 5003 Lake Catherine Dr.
27 Suite, Apt. #, etc.
28 City & State: Palm Beach Gardens, FLA
29 Zip: 33403 30 Country: PB

4. FEI Number: 65-0625486 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Camille Benson
5003 Lake Catherine Drive
Palm Beach Gardens, FLA 33403
(NOTE NEW ADDRESS)

10. Name and Address of New Registered Agent

81 Name: Camille Benson
82 Street Address (P.O. Box Number is Not Acceptable): 5003 Lake Catherine Drive
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33403

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | President | ☐ DELETE | 11 TITLE | President | ☒ Change ☐ Addition |
| NAME | Camille Benson | | 12 NAME | Camille Benson | (NEW ADDRESS) |
| STREET ADDRESS | 5003 Lake Catherine Dr. | | 13 STREET ADDRESS | 5003 Lake Catherine Dr. | |
| CITY-ST-ZIP | Palm Beach Gardens, FLA 33408 | | 14 CITY-ST-ZIP | Palm Beach Gardens, FL 33403 | |
| TITLE | Vice President | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | Robert V. Benson, Jr | | 22 NAME | | |
| STREET ADDRESS | 1140 Beach Road | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | Singer Island, FLA 33404 | | 24 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

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14. I do 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:** Camille Benson Camille Benson 4-16-97 561-615-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #