

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091564
1. Corporation Name
Microbe Solutions, Inc.

Principal Place of Business Mailing Address
2647 N. Gardens Dr
#110
Lake Worth, FL 33461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified Dec 1, 1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0625180	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 29		Zip 30		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

10. Name and Address of New Registered Agent

Slater, Donald R
2647 N. Gardens Dr #110
Lake Worth, FL 33461-2238

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 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

Signature (Type or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	CITY - ST - ZIP	13 STREET ADDRESS	14 CITY - ST - ZIP
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS	CITY - ST - ZIP	23 STREET ADDRESS	24 CITY - ST - ZIP
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS	CITY - ST - ZIP	33 STREET ADDRESS	34 CITY - ST - ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS	CITY - ST - ZIP	43 STREET ADDRESS	44 CITY - ST - ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY - ST - ZIP	53 STREET ADDRESS	54 CITY - ST - ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY - ST - ZIP	63 STREET ADDRESS	64 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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/98 964-9890

CR2E034 (10/97)