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Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90120 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT #

P 96000059606 (9)

1. Corporation Name

EARTH II, INC. ok

Principal Place of Business

Mailing Address

5201 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FLORIDA 32810

5201 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FLORIDA 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1996

4. FEI Number

59-3389865

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 P.O. BOX 607483

26 P.O. BOX 607483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FLORIDA

Zip Country

24 32860-7483 25 ORANGE

City & State

28 ORLANDO, FLORIDA

Zip Country

29 32860-7483 30 ORANGE

9. Name and Address of Current Registered Agent

ELLIOTT, MARC G  
5201 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FLORIDA 32810

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS ELLIOTT, MICHAEL A  
CITY-ST-ZIP 143 VARIETY TREE CIRCLE  
ALTAMONTE SPRINGS, FL 32714

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS ELLIOTT, MARC G  
CITY-ST-ZIP 199 VARSITY CIRCLE  
ALTAMONTE SPRINGS, FL 32714

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS ELLIOTT, JOHN E  
CITY-ST-ZIP 143 VARIETY TREE CIRCLE  
ALTAMONTE SPRINGS, FL 32714

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS MELLEN, ARTEMIS J  
CITY-ST-ZIP 12816 BIG SHAW DRIVE  
TAMPA, FL 33625

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/99

Date

407-290-6000 ext 323

Daytime Phone #

CR2E034 (11/98)