Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90104 014 ***150.00

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

DOCUMENT # P9700009826

Corporation Name

PROVIDED DECOMPOSE INC

	en negounoes, inc				
Principal Place	e of Business	Mailing Address			
6487 BANYAN	*··	6487 BANYAN STREET		1	
COCOA FL 32927 COCOA FL 32927				DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualifed	
				01/27/1997	
Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For		
21		26		59-3425889 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 3	0	Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 N	Name	
1	NETT, SANDRA D		82 Street Address (P.O. Box Number is Not Acceptable)		
6487 BANYAN STREET				Stiege Address (F.O. Dox Number is Not Acceptable)	
COCOA FL 32927			83		
			{ {	City FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above-na horized by the la Statutes.	named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered 3 - 6 - 99	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	Registered Agent sign	signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	Bennett, Jerry L		1.2 NAME	·	
STREET ADDRESS	6487 BANYAN STREET		1.3 STREET ADD	ADDRESS	
CITY-ST-ZIP	COCOA FL 32927		1.4 CITY-ST-ZIP	-ZIP	
TITLE	0	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	BENNETT, SANDRA D		2.2 NAME	· ·	
STREET ADDRESS	6487 BANYAN STREET		2.3 STREET ADD	ADDRESS ADDRESS	
CITY-ST-ZIP	COCOA FL 32927		2. 4 CITY-ST-ZIF	-zip ···	
TITLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		

6.4 CITY-ST-ZIP 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CMY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Change

Change

Change

Addition

[Addition

Addition