Applied For

Fee Required 🚧

**X**No

\$5.00 May Be

Added to Fees

Not Applicable \$8.75-Additional

## 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 # P97000028228

1. Corporation Name

City & State

23

24

| EARTH DESIGN/BUILD, INC.                         |  |
|--|--|
| Principal Place of Business                      | Mailing Address                                  |
| 3474 BETZ LANDING DRIVE<br>JACKSONVILLE FL 32226 | 3474 BETZ LANDING DRIVE<br>JACKSONVILLE FL 32226 |
| 2. Principal Place of Business                   | 2a. Mailing Address                              |
| Suite, Apt. #, etc.                              | Suite, Apt. #, etc.                              |

28

Zip

City & State

29 25 9. Name and Address of Current Registered Agent

Country

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90069 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

03/25/1997 4. FEI Number

59-3435066

| MATTHEWS, LAMAR T<br>3474 BETZ LANDING DRIVE |   |                     | "                       | Name  |  |                     |                         |                        |
|--|---|---------------------|-------------------------|---|--|---------------------|-------------------------|------------------------|
|  |   |                     | 82                      | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                     |                         |                        |
| JAC  | KSONVILLE FL 32226  |                     | 83                      |   |  |                     |                         |                        |
|  |   |                     | 84                      | ],  | · ·  | FL                  | 5 Zip C                 |                        |
| ' office or p                                | to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section | chance was authi    | orized by               | the corpo   | corporation submits this statement for the purpos<br>oration's board of directors. I hereby accept the a | e of cha<br>ppointm | nging its<br>ent as reg | registered<br>jistered |
| SIGNATURE                                    | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE: Reg          | gistered Ager           | nt signature r  | equired when reinstating) DAT  | <u> </u>            | <del></del>             |                        |
| 12.  | OFFICERS AND DIRECTORS  |                     | 13.                     |   | ADDITIONS/CHANGES TO OFFICER:  | S AND D             | IRECTO                  | RS IN 12               |
| TITLE  | D   | DELETE              | 1.1 TITLE               |   |  |                     | Change                  | ☐ Addition             |
| NAME   | MATTHEWS, LAMAR T   |                     | 1.2 NAME                |   |  |                     |                         |                        |
| STREET ADDRESS                               | SATA DETTA LANDING DOUG   |                     | 1.3 STREET              | ADDRESS   |  |                     |                         |                        |
| CITY-ST-ZIP                                  | JACKSONVILLE FL 32226   |                     | 1.4 CITY-S              | T-Z <del>i</del> P                                    |  |                     |                         |                        |
| TITLE  |   | ☐ DELETE            | 2.1 TITLE               |   |  |                     | Change                  | Addition               |
| NAME   | MATTHEWS, KATE L  |                     | 22 NAME                 |   |  |                     |                         |                        |
| STREET ADDRESS                               | A THE DETT I ALIDING DOUG   |                     | 2.3.STREE               | TADORESS  |  |                     |                         |                        |
|  | JACKSONVILLE FL 32226   |                     | 2.4 CITY-S              |   |  | ****                |                         | * *                    |
| CITY-ST-ZIP<br>TITLE                         | D   | ☐ DELETE            | 3,5 TITLE               | ,,-ai   |  |                     | Change                  | Addition               |
| NAME   | BETZ, ROBERT  |                     | 3.2 NAME                |   |  |                     |                         |                        |
|  | ALAL LANDE DOLD   |                     |                         | TADDRESS  |  |                     |                         |                        |
| STREET ADDRESS                               | JACKSONVILLE FL 32218   |                     | 3.4. CITY-S             |   |  |                     |                         |                        |
| CITY-ST-ZIP                                  |   | DELETE              | 4.1 TITLE               | 51-ZIP  |  |                     | Change                  | ☐ Addition             |
|  |   | <u></u>             | 4. 2 NAME               |   |  | _                   |                         |                        |
| NAME   |   |                     |                         | TADDRESS  |  |                     |                         |                        |
| STREET ADDRESS                               |   |                     |                         |   |  |                     |                         |                        |
| CITY-ST-ZIP                                  |   | ☐ DELETE            | 4.4 CITY-S<br>5.1 TITLE | 1.211   |  | <u>-</u> -          | Change                  | Addition               |
| TITLE  | [   | C DECEL             | 5.1 IIILE<br>5.2 NAME   |   |  | _                   |                         |                        |
| NAME   |   |                     | -                       | TADDRESS  |  |                     |                         |                        |
| STREET ADDRESS                               |   |                     |                         | •   |  |                     |                         |                        |
| CITY-ST-ZIP                                  |   |                     | 5.4 CITY-S<br>6.1 TITLE | 1.71  |  |                     | Change                  | ☐ Addition             |
| TITLE  |   | - nereie            |                         | İ   |  | _                   | ununge                  |                        |
| NAME   |   |                     | 6.2 NAME                |   |  |                     |                         |                        |
| STREET ADDRESS                               |   |                     | ŀ                       | TADDRESS  |  |                     |                         |                        |
| CITY-ST-ZIP                                  |   | not qualify for the | 6.4 CITY-S              | T-ZIP   |  |                     |                         |                        |

Country

30

officer or director of the corporation Block 12 or Block 13 if change or o owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: