

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P97000084091 (2)**  
 1. Corporation Name  
**EARTH PROBE, INC.**



Principal Place of Business <b>201 S.E. DEPOT AVENUE                  SUITE B                  GAINESVILLE FL 32601</b>	Mailing Address <b>201 S.E. DEPOT AVENUE                  SUITE B                  GAINESVILLE FL 32601</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/26/1997</b>		4. FEI Number <b>59-3471580</b>		Applied For <input checked="" type="checkbox"/> St. Applicable
2. Principal Place of Business <b>21 2119 S.E. 45 TERRACE</b>	2a. Mailing Address <b>26 2119 S.E. 45 TERRACE</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23 City & State <b>GAINESVILLE, FL.</b>	28 City & State <b>GAINESVILLE, FL.</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip <b>32641</b>	25 Country <b>USA</b>	29 Zip <b>32641</b>	30 Country <b>USA</b>	

9. Name and Address of Current Registered Agent  
**PARKER, DONOVAN  
 201 S.E. DEPOT AVENUE  
 GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
 81 Name **TREVOR DUNCAN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2119 SE 45 TERRACE**  
 83  
 84 City **GAINESVILLE** FL 85 Zip Code **32641**

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 **Trevor E. Duncan** DATE **4-26-98**

12. OFFICERS AND DIRECTORS	
TITLE <b>AGENT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PARKER DONOVAN</b>	
STREET ADDRESS <b>201B SE DEPOT AVE</b>	
CITY-ST-ZIP <b>Gainesville FL 32601</b>	
TITLE <b>MANAGER</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JIM HOLLOWAY</b>	
STREET ADDRESS <b>201B SE DEPOT AVE</b>	
CITY-ST-ZIP <b>Gville FL 32601</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CHIEF OFFICER</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>TREVOR E. DUNCAN</b>	
1.3 STREET ADDRESS <b>2119 SE 45 Ter.</b>	
1.4 CITY-ST-ZIP <b>Gville FL 32641</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.  
 SIGNATURE: **Trevor E. Duncan** DATE: **4-26-98 (352) 373-3777**

CR2E034 (10/97)