PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN

Katherine Harris

Secretary of State

FILED May 19, 1999 8:00 am Secretary of State 05-19-1999 90001 005 ***750.00 STATE

<u>=</u>:

᠍:

	1999					
DOCUMENT # P98000021112 1. Corporation Name ETC USA, INC.				L HERWERS WE INVESTIGATE DEWY BRITT BRITT BRITT BRITT FRANCE AND	OK KIRAN KIARI KIRIT KAR JARK	
Oringinal Place	o of Puninage	Mailing Address				
5411 ST. HELENA ROAD LAKE WALES, FL 33853 LAKE WALES, FL 33853				1		
				DO NOT WRITE IN THIS S	PACE	
				3. Date incorporated or Qualifed 03/05/1998	03/05/1998	
2. Principal P	lace of Business	2a. Mailing Address		A FEI Number	Applied For	
21		26		HANGI TU	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	0 · - <u>-</u>	City & State	·-	58. Election Campaign Financing	\$5.00 May Bo	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intan		
24	25	29 31	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered Ac]Yes □No	
	9. Name and Address of Curren	it registered Agent	81 Name//	1071	#	
TOMOVING HOWARD C II				ward C. Tompkins,	4	
110 CENTRAL DRIVE			82 Street Add	tress (P.O. Box Number is Not acceptable)		
BRANDON FL 33510						
84					85 Zio Code	
1 Drain				andon FL	85 Zip Code 335//	
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 0509. Florida Statutes.						
SIGNATURE	Mawais (o sompleur	-14-	4130/	79	
12.	Signifium, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	editional Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	STD	☐ OELETE	1,1 TITLE		DIRECTORS IN 12 Change Addition	
NAME	FORD, TIM		1.2 NAME			
STREET ADDRESS	5411"ST. HELENA ROAD	I	1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP			
mLE	PD	☐ DELETE	21 TITLE	ι	Change Addition	
NAME	CALDWELL, ERNIE	i	22 NAME		-	
STREET ADDRESS	5411 ST. HELENA ROAD		2.3 STREET ADDRESS		\	
CITY-ST-ZIP	D LAKE WALES FL 33853	☐ DÉLETE	2.4CITY-ST-ZIP	A. FY-V	Change Addition	
NAME	TOMPKINS, HOWARD C II		3.2 NAME	Howard & Tompkins, 1	7	
STREET ADDRESS	5411 ST. HELENA ROAD	l	3.3 STREET ADDRESS	706 South Kings A.	ا مد	
CITY-ST-ZIP	LAKE WALES FL 33853		34. CITY-\$1-ZIP		-6216	
TITLE	EX-V	DELETE	4.1 TITLE		Change Addition	
NAME	TOMPKINS, CHRIS	·	4,2 NAME		ĺ	
STREET ADDRESS	5411 ST. HELENA ROAD		4.3 \$TREET ADDRESS		j	
CITY-ST-ZIP	LAKE WALES, FL 33853	DELETE	4.4 CRY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DETE IE	5.1 TITLE 5.2 NAME	L		
NAME STREET ADDRESS			5.3 STREET ADDRESS]	
CITY-ST-ZIP			S.4 CITY-ST-ZIP		}	
TITLE	•	☐ DELETE	6.1 TITLE		Change [] Addition	
NAME			8.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		į	
CITY-ST-ZEP			-B.4 CTTY-ST-ZIP			
		40 44: PH - Mars - 4 Mars as 4		Section 110 07/37/I) Closeda Statutos I further certify		

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 supplementate annual report is true and occurate and that my signature shall have the same legal effect as if made under eath; 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.