


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

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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90023 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000035697					
1. Corporation Name WEED SOLUTIONS, INC.					
Principal Place of Business 127 BERMUDA COURT PONTE VEDRA BEACH FL 32082			Mailing Address 127 BERMUDA COURT PONTE VEDRA BEACH FL 32082		
2. Principal Place of Business 21 7759 Plummer RD Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip Country 24 32219 25 USA		2a. Mailing Address 26 7759 Plummer RD Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip Country 29 32219 30 USA		3. Date Incorporated or Qualified 04/17/1998	
4. FEI Number 59-3506171		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent WALL, ERIC B 127 BERMUDA COURT PONTE VEDRA BEACH FL 32082			10. Name and Address of New Registered Agent 81 Name Brian A Wall 82 Street Address (P.O. Box Number is Not Acceptable) 7759 Plummer RD 83 84 City Jacksonville FL 85 Zip Code 32219		
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 Brian Albert Wall 56617065 Brian A Wall 4/27/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME WALL, ERIC B STREET ADDRESS 127 BERMUDA COURT CITY-ST-ZIP PONTE VEDRA BEACH FL 32082			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY 1.2 NAME Brian A Wall 1.3 STREET ADDRESS 7759 Plummer RD 1.4 CITY-ST-ZIP Jacksonville FL 32219		
TITLE <input type="checkbox"/> DELETE NAME Bradley S Hartman STREET ADDRESS 7759 Plummer RD CITY-ST-ZIP Jacksonville FL 32219			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President 2.2 NAME Bradley S Hartman 2.3 STREET ADDRESS 7759 Plummer RD 2.4 CITY-ST-ZIP Jacksonville FL 32219		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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.

SIGNATURE: **Brian A Wall** **4/27/99** **904-766-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)