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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000072340

ECO-SAFE PRODUCTS, INC.

Principal Place of Business Mailing Address						T (\$81(\$8) tim leint (\$(1) beint sanit abits mett 18619 trans trive ment	1 1001	
1807 BOWMANS BEACH ROAD 1807 BOWMANS BEAC SANIBEL FL 33957 SANIBEL FL 33957				D			DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
							08/19/1998	Į
2. Principal Pla	and of Business	22	Mailing Address				4. FEI Number Applied F	or
Z. Fillicipai Fia	ice of Edsilless	26	Maming Address				65-0866 026 Not Applie	
Suite, Apt. #	atc	20	Suite, Apt. #, etc.			_		-
oute, riph in out			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May B	
3		28					Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Cou	ntry		8 This comporation owes the current year Intangible	
4	25	29		o l	•		Personal Property Tax. Yes Yo	
	9. Name and Address of Curre			, T		_	10. Name and Address of New Registered Agent	
					81	Name		
FULK	, BILL R			-			A Character (D O Dan Name to Nat A constate)	
1807 BOWMANS BEACH ROAD					82	Street	Address (P.O. Box Number is Not Acceptable)	i
SANI	BEL FL 33957			1	83			
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7,	and the second of the second o				84	5City 5	FL 85 Zip Code	1
44 5	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 03 and 6	07 1509 Florido Statutos	thorat	14 (FE)	se Marie 4	corporation submits this statement for the purpose of changing its register	red
office or re	gistered agent, or both, in the Stat familiar with, and accept the obliq	e of Florid	da. Such change was auth	rorized	by 1	the corpo	oration's board of directors. I hereby accept the appointment as registered	d şığı 👊
SIGNATURE							<u> </u>	_
	Signature, typed or printed name of registered a			_	Agen	t signature n	required when reinstating) DATE	40
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ddition
TITLE			☐ DELETE	1.1 TIT		Į		www
NAME				1.2 NA			BILL R. FULL	
STREET ADDRESS				13 ST	REET	ADDRESS		
CITY-ST-ZIP				1,4 CIT		1 - <u>Z</u> IP	SANIBA, FL. 33957	4.452
TITLE			☐ DELETE	2.1 ТП	LE		SECRETARY_DIRECTOR Change A	Addition i
NAME				2.2 NA	ME	ļ	Dee FULK 1000 Road	
STREET ADDRESS				2.3 ST	REET	ADDRESS		
CITY-ST-ZIP				2. 4 CI	TY-\$	T-ZIP	SANIBA, Pt. 33957	
TITLE			□ DELETE	3.1 TIT	LE		TREASURER - DIRECTOR Change DE	Addition
NAME				3.2 NA	ME		T 1	i
STREET ADDRESS				3.3 ST	REET	ADDRESS	1807 BIWMANS BEACH KOAC	,
CITY-ST-ZiP				3.4. CI	TY-S	T-ZIP	SANIBAL FG. 33957	
TITLE T			☐ DELETE	4.1 TIT	LE	- 7	☐ Change ☐ A	ddition
NAME				4. 2 N	AME			
STREET ADDRESS				4.3 ST	REET	ADDRESS		
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TITLE			☐ DELETE	5.1 TIT			☐ Change ☐ A	ddition
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STREET ADDRESS				5.3 ST	REET	ADDRESS		
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TITLE			☐ DELETE	6 1 TIT	ΠE		Change A	ddition
NAME				6.2 NA	ME			رد چې د غا
STREET ADDRESS				6.3 ST	REET	ADDRESS		
U.MELI ADDNESS					TV 61			

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: >

CR2E034 (11/98)

FILED

Feb 22, 1999 8:00 am Secretary of State

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