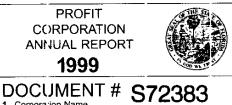
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



NATURE'S OWN ENVIRONMENTAL SERVICES INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90027 007 ***150.00

Principal Place	of Business	Mailing Address						
899 BRENTWOOD DR 899 BRENTWOOD DR								
VENICE FL (14292 VENICE FL 3429						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	٦	
						08/07/1991		
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0282483 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifc ate of Status Desired \$8.75 A Iditional Fee Recuired		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	┪	
23		28				Trust Fund Contribution Added to Fees	_	
Zip	Cour try	Zip	Cou	ntry		8. This corporation owes the current year intangible	1	
24	25	29	30			Persor al Property Tax. ☐ Yes I No	4	
	9. Name and Address	of Current Registered Agent				10. Name and Address of New Registers d Agent	4	
				81	Name			
	BON, MELINDA K. BRENTWOOD DR			82	Street Ac	Ac dress (P.O. Bo) Number is Not Acceptable)	٦	
	CE FL 34292			83			-	
V 2 V	••••						4	
				84	City	FL 85 Zip Code		
office or re	egistered agent, or both, in	is 607.0502 and 607.1508, Florida Statuthe State of Florida. Such change was the obligations of, Section 607.0505, Fl	authorized	ועסו	the corpora	corporation submits this statement for the purpose of changing its registered orbition's board of directors. I hereby accept the appointment as registered		
	m familiar with, and accept	the obligations of, Section 667.0300, 11	Alda Otati	1100.				
SIGNATUF E	Signature, typed or printed name of r	enistered agent and title if englicable (NOT	: Registered	Agent	signature reg	req irred when reinstating) DATE	- [
12.		ICERS ANI) DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┪	
TITLE	P	DELETE	1,1 TI	le.		☐ Change ☐ Addition	яп I	
NAME	LEESON, MELINDA K.		1,2 NA	ME	1			
STREET ADDRESS	899 BRENTWOOD DR				ADDRESS			
	VENICE FL		1.4 CI		1			
CITY-ST-ZIP	ST	☐ DELETE	2.1 11		-211	Change Addition	'n	
TITLE	-	_ occin	2.2 N				- [
NAME	LEESON, A. DIX JR 30 MAYFLOWER RD				ADDRESS		1	
STREET ADDRESS							1	
CITY-ST-ZIP	NEEDHAM MA	☐ DELETE	2.4 C		1.ZIP	☐ Change ☐ Addition	<u>,, </u>	
TITLE		L DELETE						
NAME			32 N/		ADDDESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. C 4.1 TF		1-2IP	Change Addition	on l	
TITLE		- Dette:	4.2 N					
NAME					ADDRESS			
STREET ADDRESS					Į.			
CITY-ST-ZIP		DELETE	4.4 CF		-211	Change Addition	on!	
TITLE		_ 554212	5.1 N					
NAME					ADDRESS			
STREET ADDRESS			5.3 G					
CITY-ST-ZIP		☐ DELETE	6.1 TI		- 217	Change Addition	,n	
TITLE		□ OFFEIF	6.2 N/				""	
NAME					ADDRESS			
STREET ADDRESS			6.3 S	KEE	ADDRESS			

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0."(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 I2 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

Meluda K. Leon.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR