FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** S87103 (5)EARTH TECH, INC. Principal Place of Business Mailing Address 18639 AVENUE CAPRI 18639 AVENUE CAPRI **LUTZ FL 33549** LUTZ FL 33549 3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1991 08/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 18639 Avenue Cape P.O. Box 274128 26 59-3092049 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required Oly & State City & State 6. Election Campaign Financing \$5.00 May Be Tampa, Trust Fund Contribution Added to Fees Country 25 US Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 29 33688 US. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRUESDELL, KELLEAN K Street Address (P.O. Box Number is Not Acceptable) 62 20721 W. PENNSYLVANIA AVENUE 83 **DUNNELLON FL 34431** 84 City 85 Zip Code 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. Styrethine, typed or trinled harde of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE DΡ DELETE 1 1 THILE ☐ Change ☐ Addition NAM: BROADRICK, RON 1.2 NAME SERREL ADDRESS. 18639 AVENUE CAPRI 1.3 STREET ADDRESS CIDY-ST-ZIE LUTZ FL 33549 1.4 CITY - ST - ZIP TILLE DELETE 2 1 TITLE Change ☐ Addition **BROADRICK, LEWIS** 2.2 NAME 18225 BITTERN AVE STREET ADDRESS 23 STREET ADDRESS CITY S1 715 LUTZ FL 33549 24 CITY-ST-ZIP 141,6 T DELFTE 3 1 TITLE Change ■ Addition NAMI 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City - St - ZiP 3.4 CITY - ST - ZIP THLE DELETE 4. 1 TITLE ☐ Change ☐ Addition NAMI 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY St ZIP 4.4 CITY - ST-2IP HELE DELETE 5 1 Tille Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS C(1) - S1 - 7(P) 54 CITY-ST-ZIP T-1LF DELETE 6 1 HILE ☐ Change ☐ Addition NAME 6 2 NAME STREET ASCRESS. 6.3 STREET ADDRESS 6 4 City - ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 Book 12 or Blook 13. Change 1, pt. or an attachment with an address.

SIGNATURE:

- RON L. BEDDBEUK 429146 818 931 1707