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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S87103** (5)

1. Corporation Name
EARTH TECH, INC.

Principal Place of Business

**18639 AVE CAPRI
LUTZ FL 33549
US**

Mailing Address

**PO BOX 274128
TAMPA FL 33688-4128
US**



3. Date Incorporated or Qualified **10/14/1991** 3a. Date of Last Report **03/12/1996**

2. Principal Place of Business

21 **18639 Avenue Capri**

Suite, Apt. #, etc

22

City & State

23 **Lutz, FL**

Zip **33549**

Country **US**

24

2a. Mailing Address

26 **PO Box 274128**

Suite, Apt. #, etc

27

City & State

28 **Tampa, FL**

Zip **33688**

Country **US**

29

30 **US**

4. FEI Number

59-3092049

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TRUESDELL, KELLEAN K
20721 W. PENNSYLVANIA AVENUE
DUNNELLON FL 34431**

10. Name and Address of New Registered Agent

81 Name

Ron Broadrick

82 Street Address (P.O. Box Number is Not Acceptable)

18639 Avenue Capri

83

84 City

Lutz

FL

85 Zip Code

33549

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

☒

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **BROADRICK, RON**
STREET ADDRESS **18639 AVENUE CAPRI**
CITY - ST - ZIP **LUTZ FL 33549**

TITLE **ST** ☐ DELETE

NAME **BROADRICK, LEWIS**
STREET ADDRESS **18225 BITTERN AVE**
CITY - ST - ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: ☒ SIGNATURE REQUIRED **RON BROADRICK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-931-1707

Daytime Phone #

CR2E034 (9/96)