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PROFIT CORPORATION ANNUAL REPORT

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



DOCUMENT # V156116

1. Corporation Name **EARTHSCAPES INC.**
4272 FOREST BLVD
JACKSONVILLE, FL 32246-1865

2. Principal Place of Business **JACKSONVILLE, FL**
4272 FOREST BLVD
32246

2a. Mailing Address **4272 FOREST BLVD**
32246
W97-18655

21. **JACKSONVILLE, FL**
Suite, Apt. #, etc.

22. **4272 FOREST BLVD**
City & State

23. **JACKSONVILLE, FL**
City & State

24. **32246**
Zip

25. **U.S.A.**
Country

26. **4272 FOREST BLVD**
Suite, Apt. #, etc.

27. **JACKSONVILLE, FL**
City & State

28. **JACKSONVILLE, FL**
City & State

29. **32246**
Zip

30. **U.S.A.**
Country

FILED
97 JUL 24 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04-97

3. Date Incorporated or Qualified **2-12-92**
3a. Date of Last Report **?**

4. FEI Number **59-3105057**
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
JERRY A. Cloer
4272 FOREST BLVD
JAX, FL 32216

10. Name and Address of New Registered Agent
81. Name **JERRY A. Cloer**
82. Street Address (P.O. Box Number is Not Acceptable) **4272 FOREST BLVD**
83. **JAX**
84. City **JAX**
85. Zip Code **FL 32246**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **Jerry A. Cloer** **4/26/97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry A. Cloer	1.2 NAME	
STREET ADDRESS	4272 FOREST BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32216	1.4 CITY-ST-ZIP	
TITLE	Director/Vice Pres <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothea M Cloer	2.2 NAME	
STREET ADDRESS	4272 FOREST BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32216	2.4 CITY-ST-ZIP	
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 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)(a), 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 a address.

SIGNATURE: **Jerry A. Cloer** **4/26/97** **904-933-4547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)