FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 26 AM 10: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48680 (5)

1. Corporation Name
THE LIVING PLANET, INC.

Principal Place of Business
1400 VILLAGE SQ BLVD
STE 14
TALLAHASSEE FL 32312
US

Mailing Address
1400 VILLAGE SQ BLVD
STE 14
TALLAHASSEE FL 32312
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip 32312 — 24 Country Leon — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip 32312 — 29 Country Leon — 30

4. FEI Number: 59-3133205 — 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
MCCLUSKEY, ANN
~~501 BLAIRSTONE #122~~ 1400-14 Village Squ Blvd
TALLAHASSEE FL ~~32301~~ 32312

10. Name and Address of New Registered Agent
81 Name: Ann McCluskey
82 Street Address (P.O. Box Number is Not Acceptable): 1400-14 Village Squ. Blvd
83
84 City: Tallahassee FL 85 Zip Code: 32312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCLUSKEY, ANN
STREET ADDRESS	~~501 BLAIRSTONE #122~~
CITY-ST-ZIP	~~TALLAHASSEE FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	Ann McCluskey	
1.3 STREET ADDRESS	1400-14 Village Squ Blvd.	
1.4 CITY-ST-ZIP	Tallahassee FL 32312	
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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann McCluskey — 4/21/95 — 904 8941786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP