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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 525875

(1)

Mailing Address

HEART OF FLORIDA GREENHOUSES, INC.

FILED
Apr 04 1997 8:00am
Secretary of State

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3. Disto incorporated or Qualified   3a. Disto of Last Report   04/10/1986	rt.1 Box 265 Crewsville Ro	=	RT.1 BOX 265 CREWSVILLE RD. S.E.	ioć					
3-555 Creusyille Rd   26 7555 Creusyille Rd   26 7555 Creusyille Rd   26 7555 Creusyille Rd   36. Certificate of Status Desired   \$8.75 Additional   \$8.75 Addition	OLFO SPRINGS	S FL 3389U	ZOLFO SPRINGS FL 33890-9736						
Surface Appl P. etc.    Surface   Su				. I) o	1				<del></del>
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SWANK, CHARLES E. 1430 S. HIGHLANDS AVENUE P. O. BOX 819 SEBRING, FLORIDA E 33870  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  87 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 86 Zip Code  88 City FL 86 Zip Code  88 City FL 86 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  81  Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89	3 Zolfo	Sprinas, FL		IS IFI	<u> </u>	, , ,			-
SWANK, CHARLES E. 1430 S. HIGHLANDS AVENUE P. O. BOX 819 SEBRING, FLORIDA E 33870  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  87 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 86 Zip Code  88 City FL 86 Zip Code  88 City FL 86 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  81  Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89	₄i <sup>z</sup> °3389	Country 25	1 2200 H	~ ′					. 199,032,
STRAIN, CHRISTINA S. HIGHLANDS AVENUE P. O. BOX 819 SEBRING, FLORIDA E 33870  11. Furrous to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both in the State of Frontia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered agent, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE STATE OF FLORIDA STATE		9, Hallie Bild Address Of Childi	t Registered Agent			10. Name and Address of New Re	gistered Agen	ıt	
P. O. BOX 819 SERRING, FLORIDA E 33870  81 City FL 85 City FL 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 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 and accept the obligations of, Section 607.6505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent and the registered agent agent agent and the registered statement as registered agent agent are submits this statement for the purpose of changing its registered agent agent agent and the registered agent a		•		B1	Name				
SEBRING, FLORIDA E 33870    63				62	Street A	Address (P.O. Box Number is Not Acceptab	ole)		
Pursuant to thic provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or tools, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the provisions with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent and the provisions of registered agent agent and the provisions of section 607.0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent age							<del> </del>		
The 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 Forida. 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 607.6505. Florida Statutes.    Signature   Proceed printed rank of registered agent and their Auchteata   INOTE Prograting agent and store A	SEBF	RING, FLORIDA E 33870		63					
Fig.				64	City		FI 85	Zip (	Code
Agent Tarn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12.	11. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the p	urpose of char	nging it	s registered
Symbol prince or registered appell and time if applicable (NOTE: Reg placed Appell algebraic required when recidiating)    NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating)   DATE   NOTE: Reg placed Appell algebraic required when recidiating   DATE   NOTE: Reg placed Appell algebraic required when recidiating   DATE   NOTE: Reg placed Appell algebraic required when recidiating   DATE   NOTE: Reg placed Appell algebraic required when recidiating   DATE   NOTE: Reg placed Appell algebraic required when recidiating   DATE   NOTE: Reg placed Appell algebraic required   DATE   NOTE: Reg placed Appell algebraic required when recidiating   DATE   NOTE: Reg placed Appell algebraic required   DATE   NOTE: Reg placed Appell algebraic required required when recidiating   DATE   NOTE: Reg placed Appell algebraic required	office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corp	oration's board of directors. I hereby accep	ot the appointm	ient as	registered
DELETE	SIGNATURE	Signature: typicd or printed name of registerod ago	nt and title if applicable (NOTE: F	leg stered Ag	ent signature				
SWANK, BEVERLY W 7108 SPARTA RD. SCHRIST ADDRESS SEBRING, FL 00000  SEBRING, FL 00000  SEBRING, FL 00000  SEBRING, FL 00000  STACTIVE TO SPARTA RD. STREET ADDRESS STREET ADDRESS STREET ADDRESS ZOLFO SPRGS, FL 00000  SEBRING, FL 00000  DELETE  4. 2 MAME SWANK, CHARLES E  706 SPARTA RD. SWANK, CHARLES E  7106 SPARTA RD. SWANK, CHARLES E  7106 SPARTA RD. SWANK, CHARLES E  7106 SPARTA RD. SUBBLIT ADDRESS SEBRING, FL 00000  DELETE  5.1 TITLE  Change Addition Addition STREET ADDRESS STREET	12.			13.		ADDITIONS/CHANGES TO OFFIC			
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SEBRING, FL 00000	NAME:			1.2 NAME					
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BRYANT, CHRISTINA	C(TY - ST - ZIP		T LOCUETE		ST-ZIP			<u> </u>	To Address
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106 SPARTA RD.	TITLE		DELETE	*************	Y1			Change	Addition
106 SPARTA RD.	NAME	SWANK, CHARLES E		4. 2 NAME					
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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 armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if	informatio	n indicated on this annual report or s	umplemental armusi report is true	e and acc	urate and	that my signature shall have the same lens	al effect as if m	iade una	dernath ina!
I am an officer or director of the corporation or the receiver or trusted ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challed, or on an attachment with an address.	Lam an of an ar	flicer or director of the corperation or n Block 12 or Block 13 if changed or	the receiver or trustee empowers on an attachment with an adult	ed to execuses.	oute this r	eport as required by Chapter 607, Florida S	itatutes; and th	at my r	iame