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FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 525875 (1)
1. Corporation Name
HEART OF FLORIDA GREENHOUSES, INC.



Principal Place of Business
7555 CREWSVILLE RD
ZOLFO SPRINGS FL 33890
US

Mailing Address
7555 CREWSVILLE RD
ZOLFO SPRINGS FL 33890
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1977	
21		26		4. FEI Number 59-1726165	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

SWANK, CHARLES E.
1430 S. HIGHLANDS AVENUE
P. O. BOX 819
SEBRING, FLORIDA E 33870

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	SWANK, BEVERLY W	
STREET ADDRESS	7106 SPARTA RD.	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	TD	☐ DELETE
NAME	BRYANT, CHRISTINA	
STREET ADDRESS	7665 CREWSVILLE RD	
CITY-ST-ZIP	ZOLFO SPRGS, FL 00000	
TITLE	PD	☐ DELETE
NAME	BRYANT, THEO	
STREET ADDRESS	7665 CREWSVILLE RD	
CITY-ST-ZIP	ZOLFO SPRGS, FL 00000	
TITLE	SD	☐ DELETE
NAME	SWANK, CHARLES E	
STREET ADDRESS	7106 SPARTA RD.	
CITY-ST-ZIP	SEBRING, FL 00000	
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 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 _____ DATE 3/26/98 (904) 735-1199

CR2E034 (10/97)