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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 525875

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/15/1977

4. FEI Number

59-1726165

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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

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 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 ☐ DELETE

NAME **SWANK, BEVERLY W**
STREET ADDRESS **7106 SPARTA RD.**
CITY-STATE-ZIP **SEBRING, FL 00000**

TITLE ☐ DELETE

NAME **BRYANT, CHRISTINA**
STREET ADDRESS **7665 CREWSVILLE RD**
CITY-STATE-ZIP **ZOLFO SPRGS, FL 00000**

TITLE ☐ DELETE

NAME **BRYANT, THEO**
STREET ADDRESS **7665 CREWSVILLE RD**
CITY-STATE-ZIP **ZOLFO SPRGS, FL 00000**

TITLE ☐ DELETE

NAME **SWANK, CHARLES E**
STREET ADDRESS **7106 SPARTA RD.**
CITY-STATE-ZIP **SEBRING, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Christina Bryant Christina Bryant

Date

Daytime Phone #

4-22-99 941-735-1199

CR2E034 (11/98)