

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

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90010 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006504

1. Corporation Name
VERTI-GRO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1556 YARDLEY CT
 KISSIMMEE FL 34744
 US

Mailing Address
 1556 YARDLEY CT
 KISSIMMEE FL 34744
 US

3. Date Incorporated or Qualified
12/12/1996

4. FEI Number
84-0625628

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

2. Principal Place of Business
 21 **15515 CR 474**
 Suite, Apt. #, etc.
 22 **Clermont**
 City & State
 23 **FL**

2a. Mailing Address
 26 **15515 CR 474**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Clermont FL**

Zip
 24 **34711** Country
 25 **USA**

29 **34711** Country
 30 **USA**

9. Name and Address of Current Registered Agent
CARPENTER, TIM D
1556 YARDLEY CT
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent
 81 Name **TIM D. CARPENTER**
 82 Street Address (P.O. Box Number is Not Acceptable)
15515 CR 474
 83
 84 City **Clermont** FL 85 Zip Code **34711**

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 **TIM D. CARPENTER** *Tim D Carpenter* **4/26/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	CARPENTER, TIM D	
STREET ADDRESS	1556 YARDLEY CT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	CARPENTER, BARBARA C	
STREET ADDRESS	5306 MIRANDA RD	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, DARA C	
STREET ADDRESS	1556 YARDLEY CT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	REPP	<input checked="" type="checkbox"/> DELETE
NAME	E, MICHAEL R	
STREET ADDRESS	1556 YARDLEY COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TIM D. CARPENTER	
1.3 STREET ADDRESS	15515 CR 474	
1.4 CITY-ST-ZIP	Clermont, FL 34711	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Tim D Carpenter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 **352-241-8101**
 Date Daytime Phone #

CR2E034 (11/98)