FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90136 007 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000001547**

1. Corporation Name

THE BOTANICAL GARDEN, INC.

Principal Place of Business	Mailing Address
3584 EXCHANGE BLVD SUITE C NAPLES FL 34104 US	3584 EXCHANGE BLVD SUITE C NAPLES FL 34104 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 03/23/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0511429 ☐ Applied For ☐ Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PATTERSON, GARY A
3584 EXCHANGE BLVD
SUITE C
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Gary A. Patterson
82 Street Address (P.O. Box Number is Not Acceptable): 3584 Exchange Ave.
83: Suite C
84 City: Naples, FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP, S/B Director - Vice Chairman	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, SUSAN		1.2 NAME		
STREET ADDRESS	77 CENTER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	DT s/b Director Treasurer	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ELLEN		2.2 NAME		
STREET ADDRESS	4527 DORANDO AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIEBER, JACK		3.2 NAME		
STREET ADDRESS	1135 CYPRESS WOODS		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NAGLE, STEVEN N		4.2 NAME		
STREET ADDRESS	1629 N FLOSSOMOOR RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		4.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERSEN, ROBERT		5.2 NAME		
STREET ADDRESS	2165 51ST TERRACE SW		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	DCP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, GARY A		6.2 NAME		
STREET ADDRESS	1629 N FLOSSMOOR RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: SUSAN E GALLAGHER 4/27/99