

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:41

DOCUMENT # P94000016162 (7)

1. Corporation Name

AQUATIC PLANTS OF FLORIDA, INC.

Principal Place of Business

5790 MIDNIGHT PASS RD.
SARASOTA FL 34242

Mailing Address

5790 MIDNIGHT PASS RD.
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

03/01/1994

3a. Date of Last Report

This is first

2. Principal Place of Business

21 15 Crossroads

2a. Mailing Address

26 15 Crossroads Street

Suite, Apt. #, etc.

22 Ste 221

Suite, Apt. #, etc.

27 Ste 221

City & State

23 Sarasota Florida

City & State

28 Sarasota Florida

24 Zip 34239

25 Country U.S.A

29 Zip 34239

30 Country U.S.A

4. FEI Number

65-0472183

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 has liability for intangible tax under s. 199.03, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

SHARELL, GILBERT J
5790 MIDNIGHT PASS RD.
SARASOTA FL 34242

10. Name and Address of New Registered Agent

B1 Name Gilbert J. Sharell
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 953 Pomelo Place
B4 City Sarasota FL B5 Zip Code 34236

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 officer 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

Gilbert J. Sharell Gilbert J. Sharell Sec/Treas

3/7/95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

GATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | DST |
| NAME | SHARELL, GILBERT J |
| STREET ADDRESS | 5790 MIDNIGHT PASS RD. |
| CITY ST ZIP | SARASOTA FL 34242 |
| TITLE | DP |
| NAME | REILLY, MICHAEL E |
| STREET ADDRESS | 1785 SOUTHWOOD ST. |
| CITY ST ZIP | SARASOTA FL 34231 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST ZIP | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X MICHAEL E. Reilly, Michael E. Reilly X 3/1/95 X 813-952-9886