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CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028541 (5)

TRANSPLANTS, INC.	# # # # # # # # # # # # # # # # # # #	
Principal Place of Business	Mailing Address	
5034 N. NEBRASKA TAMPA FL 33603	5034 N. NEBRASKA TAMPA FL 33603	DO N
		3. Date Incorporated or 0 03/28/1997
Principal Place of Business 1	2a. Mailing Address 26	4. FEI Number 0 73
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status D
City & State	City & State	6. Election Campaign Fir Trust Fund Contributio

FILED Jan 29 1998 8:00am Secretary of State

	PLANTS, INC.						
Principal Plac	e of Business	Mailing Address				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41006 (307 106)
		5034 N. NEBRASKA					
5034 N. NEBRASKA 5034 N. NEBRASKA TAMPA FL 33603 TAMPA FL 33603			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	
						•	
Delegand D	Hann of Divisions	2a. Mailing Address				03/28/1997 4. FEI Number	Applied For
<u> </u>	lace of Business					1	Not Applicable
21 Suite, Apt,	# etc	Suite, Apt. #, etc.				- \$8.7	5 Additional
22	<i>*</i> , 6.0.	27				LE Corbinata of Statue Decired	Required
City & State	e	City & State				6. Election Campaign Financing \$5.0	00 May Be
23		28					ed to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the current year	Intangible
24	25	29	30			Personal Property Tax due June 30. Yes	☐ No
	9. Name and Address of Cu	rent Registered Agent				10. Name and Address of New Registered Agent	
KIN	IBALL, GARY H			81	Name		
	34 N. NEBRASKA			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	MPA FL 33603				00017.00.1	, , , , , , , , , , , , , , , , , , , ,	
174	MI X 1 2 00000			83		·	
				84	City	85 Z	ip Code
				1 !	•	FL {	•
11. Pursuant office or r	to the provisions of Sections 607, registered agent, or both, in the S	0502 and 607.1508, Florida State late of Florida, Such change wa	tutes, the al	pove	named corporation	oration submits this statement for the purpose of changin on's board of directors. I hereby accept the appointment	g its registered as registered
agent.ia	ım familiar with, and accept the of	ollgations of, Section 607.0505,	Florida Stat	tutes	i.		
SIGNATURE	Signature, typed or printed name of registerer	t seemt and tills if applicable.	MOTE: Bacistare	d Acer	nt cionatura require	d when reinstating) DATE	····-·
12.		AND DIRECTORS	13.	io nga	nt agrittare require	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	D	DELETE	1,1 TL	ITLE		Chang	ge Addition
NAME	KIMBALL, GARY H		1.2 N	AME			
STREET ADDRESS	5034 N. NEBRASKA		1.3 \$	TREET.	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		1.4 C	ITY-S1	T-ZIP		
TITLE	D	DELETE					
NAME	KIMBALL, JO F		2.1 11	TTLE	- 1	Chang	ge Addition
[_	2.1 II 2.2 N			Chang	ge Addition
STREET ADDRESS		_	2.2 N	IAME	ADDRESS	Chang	ge Addition
STREET ADDRESS	5034 N. NEBRASKA	_	2.2 N 2.3 S	iame Treet .	ADDRESS	. Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 N 2.3 S	iame Treet City-s	1	Chang	
CITY-ST-ZIP	5034 N. NEBRASKA	☐ DELETE	2.2 N 2.3 S 2. 4 C	iame Treet . City - S Itle	1		
CITY-ST-ZIP TITLE	5034 N. NEBRASKA	☐ DELETE	2.2 N 2.3 S 2. 4 Q 3.1 Ti 3.2 N	TREET. CITY-S TILE IAME	1		
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CITY-ST-ZIP TITLE NAME	5034 N. NEBRASKA	☐ DELETE	2.2 N. 2.3 S' 2. 4 C 3.1 Ti 3.2 N. 3.3 S'	TREET. CITY-S TITLE TAME TREET. CITY-S	ADDRESS		ge Addition
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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.

22/98