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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

GEARY RANCH CORP.

Mailing Address

C/O PLANT PRODUCTS CORP

Principal Place of Business

C/O PLANT PRODUCTS CORP

FILED

Feb 27 1998 8:00am

Secretary of State

PO BOX 1149 VERO BEACH	9 41ST STREET 1 FL 32961	PO BOX 1149 41ST STREET VERO BEACH FL 32961			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
		o no constitui de la compansión de la comp			01/18/1960			
2. Principal Place of Business		}-¬ ~	2a. Mailing Address		4. FEI Number	Applied For		
21		[26]			59-0921585	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	:	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zışı	Cour 30	try	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	ARY JR., ROBERT		1	Name				
6655 53RD ST. POST OFFICE BOX 1089			Ī	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	RO BEACH FL 32961		Ī	33				
			Ī	34 City	FL	85 Zip Code		
office or re	o the provisions of Sections 607. egistered agent, or both, in the St in familiar with, and accept the of	tate of Florida. Such change	e was authorized	by the corpora	rporation submits this statement for the purpose of c ation's board of directors. I hereby accept the appoi	hanging its registered ntment as registered		
SIGNATURE	Signature typed or printed name of registered	Lapent and the if such able	(NOTL Rupistered	Agent signature regi	DATE			

agent I ar	n familiar with, and accept the obligations	of, Section 607.0505, Flo	rida Statutes.			_	
SIGNATURE		rëe if∎giplicatile (NOTE	Rugistered Agent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	4. ***	NS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE		☐ Change	Addition	
NAME	GEARY, ROBERT J JR		1,2 NAME				
STREET ADDRESS	6655 53RD ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BCH, FL 00000		1.4 CITY-ST-ZIP				
TOTLE	ST	DELETE	2.1 TITLE		Change	☐ Addition	
NAME	THOMAS, BARBARA		2.2 NAME				
STREET ADDRESS	6-56 50TH ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	VERO EBAHC FL		2.4 CITY-ST-ZIP		1.0		
TITLE	VP	☐ DEL€TE	3.1 TITLE		☐ Change	Addition	
NAME	GEARY, EDWARD J		3.2 NAME				
STREET ADDRESS	MASSEY RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	WABASSO FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

I hereby certify that the information supplied with this filling 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 precise 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 go any attachment with an address.