

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **310852** (9)  
1. Corporation Name  
**GREEN THUMB GARDEN CENTER CORPORATION**

Principal Place of Business <b>3862 CACTUS LANE MT DORA FL 32757</b>	Mailing Address <b>3862 CACTUS LANE MT DORA FL 32757</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**PHILLIPS,LEONARD L  
3862 CACTUS LANE  
MOUNT DORA FL 32757**

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City <b>FL</b>	85	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS,LEONARD L 3862 CACTUS LN MOUNT DORA FL	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHILLIPS,GEORGIA M 3862 CACTUS LANE MOUNT DORA FL	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILDER,BEVERLY PHILLIPS 504 SHETATON DRIVE ANDALUSIA AL	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PHILLIPS, RONALD S. POST OFFICE BOX 1254 MOUNT DORA FL	<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JUDY P. 1804 BISMARC CT NORMAN OK	<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

352-383-3704

SIGNATURE: *Georgia M Phillips* Georgia M Phillips-Sec.-Treas. 1-20-98

FILED  
Jan 28 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/09/1966</b>	4. FEI Number <b>59-1207482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City <b>FL</b>	85 Zip Code

CR2E034 (10/97)