

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 462736 (0)
1. Corporation Name
HORTICULTURAL SYSTEMS, INC.



Principal Place of Business
13620 GOLF COURSE ROAD
PARRISH FL 34219

Mailing Address
P. O. BOX 792
PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1587430	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	P/D/CEO
NAME	BUNDY, OTTO	1.2 NAME	BUNDY, OTTO M.
STREET ADDRESS	4218 18TH AVE W	1.3 STREET ADDRESS	4218 18TH AVE W
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	BRADENTON FL 34205
TITLE	VD	2.1 TITLE	
NAME	BUNDY, MICHAEL M	2.2 NAME	
STREET ADDRESS	P.O. BOX 70 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL 34219	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V/S/D
NAME		3.2 NAME	BUNDY, OTTO S.
STREET ADDRESS		3.3 STREET ADDRESS	1300 G. PENWELLIA AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE		4.1 TITLE	T
NAME		4.2 NAME	BUNDY, PATRICIA ANN
STREET ADDRESS		4.3 STREET ADDRESS	4218 18TH AVE. W.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE		5.1 TITLE	V
NAME		5.2 NAME	SMITH, MICHAEL R.
STREET ADDRESS		5.3 STREET ADDRESS	P.O. BOX 462 NA
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ELLINGTON FL 34222
TITLE		6.1 TITLE	
NAME		6.2 NAME	400002545464
STREET ADDRESS		6.3 STREET ADDRESS	-06/03/98-01010-030
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***450.00

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, on an attachment with an address.

CR2E034 (10/97)