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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 462736

1. Corporation Name

HORTICULTURAL SYSTEMS, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90124 015 ***300.00



					_				
Principal Place of Business Mailing Address						יופוס ויום שייון פרספי יופון פווופ פופוס וויקפו (1 81811 81811 1841	
13620 GOLF COURSE ROAD PARRISH FL 34219		P. O. BOX 792 PARRISH FL 34219				DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed			
						10/04/1974			
2. Principal Pl	ace of Business	2a. Mailing Address						Applied For	
21		26				00 1001 100		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27	27			Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		d to Fees	
Zip	Country Zip Con			ry		8. This corporation owes the current year in		EA.	
24	25 29 3			Personal Property Tax.			Yes	⊠ No	
	9. Name and Address of Curren	t Registered Agent		1 Name		10. Name and Address of New Registered	Agent		
M/A1	TERS, CLIFFORD L		l°	11 Name	3				
	11TH STREET WEST		82 Street Add			ss (P.O. Box Number is Not Acceptable)			
	DENTON FL 34205								
DIVA	DEI41014 1 E 34203		\°	13				1	
			8	4 City			85 Zip	Code Code	
						FI	<u>- </u>		
office or re	to the provisions of Sections 607.050' egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was autho	rızed t	by the cor	d corpo poration	ration submits this statement for the purpose o 's board of directors. I hereby accept the appo	intment as	registered	
SIGNATURE					_				
	Signature, typed or printed name of registered ager			gent signatur	e required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECT	FORS IN 12	é
12.	PD. FICERS AN	D DIRECTORS	13. 1,1 TITLE		0 =	OPD	[] Change		7
TITLE	BUNDY (CEO), OTTO	S SECOLE	1.2 NAM			LNDY, OTTO M.	con	wation	,
NAME	4218 18TH AVE W			EET ADDRES		4809, 0118 11		1	Ş
STREET ADDRESS	BRADENTON FL 34205	l l		-ST-ZIP	<u>" </u>			f	Š
CITY-ST-ZIP	VD VD	☐ DELETE	2.1 TITLE				S Change	e Addition	Č
	BUNDY, MICHAEL M		2.2 NAM					1	
NAME	P.O. BOX 70 ((N//A))			EET ADDRES	s 5	5508 78 AVEE			
STREET ADDRESS	PARISH FL 34219	1	-	-ST-ZIP	1-7-	GLMETTO. FL 3422/			_
CITY-ST-ZIP	VSD	□ DELETE	3.1 TITLE		5.	Vice Pres, Sec. Bir.	Change	e Addition	
NAME	BUNDY, OTTO S	_	3.2 NAM		/	t the new, and, week			
STREET ADDRESS	1308 POINSETTIA AVE			= EET ADDRES	s			l	
CITY-ST-ZIP	TAMPA FL 33612			/-ST-ZIP					
TITLE	T	☐ DELETE	4.1 TITLE				[] Change	e Addition	
NAME	BUNDY, PATRICIA ANN		4, 2 NAW	1E				l	
STREET ADDRESS	4218 18TH AVE W.	•	4.3 STRI	EET ADDRES	s			,	
CITY-ST-ZIP	BRADENTON FL 34205		4.4 CITY	-ST-ZIP			_		
TITLE	V	☐ DELETE	5.1 TITL		1		⊠ Change	e 🗌 Addition	1
NAME	SMITH, MICHAEL R	•	5.2 NAV					į	
STREET ADDRESS	PO BOX 462 ((N//A))		5.3 STR	EET ADDRES	s /	3620 GOLF COURSER	Ġ.	J	
CITY-ST-ZIP	ELLENTON FL 34222	1	5.4 CITY	-ST-ZiP	17	3620 GOLF COURSER ARRIGH, FL. 34219			į
TITLE		DELETE 6.1		E			☐ Chang	e 🔲 Addition	
NAME		į	6.2 NAM	E					i
STREET ADDRESS			6.3 STRI	EET ADDRES	s				l
5 <u>.</u>		ľ	64 CITY	- ST. 7IP					

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 suppliemental 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 torporation 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, with all other like empowered.

SIGNATURE: