SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 533995 MARKET GARDENING, INC. Principal Place of Business KOT S. 13TH STREET> loi s. 19th Street TAMPA FL 33602-1255 'AMPA FL 33602-1**2**3 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1977 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 205 W.M.L.KING BLVD. 26 205 W.M.L.KING BLVD **59-1739120** Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required SUITE 202 SUITE 20**2** City & State City & State 6, Election Campaign Financing \$5.00 May Be TAMPA FLORIDA TAMPA FLORIDA Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 33603-3600 Personal Property Tax due June 30. X Yes 24 33603-3<u>600</u> 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FERNANDEZ, C. F. Street Address (P.O. Box Number Is Not Acceptable) 82 TAMPA FLXXXXXXXX <u>205 W.M.L.KING BLVD. SUITE 202</u> City 84 Zip Code 33603-3600 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change Addition FERNANDEZ, C. F. 1.2 NAME NAME TEXHITEN SHIDUCTENCOX 205 W.M.L.KING BLVD.SUITE 202 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL <u>33603–3600</u> CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ST DELETE 2.1 TITLE Change Addition FERNANDEZ, C. F. NAME 2.2 NAME XTEX HTEX HTX LOCAL TO A STREET ADDRESS 2.3 STREET ADDRESS 205 W.M.L.KING BLVD.SUITE 202 CITY-ST-ZIP 2.4 CITY-ST-ZIP 33603<u>-</u>3600 TITLE 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 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 5.1 TITLE DELETE Change __ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 receiper 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 changes, or on all attachment with an address.

DELETE

5.4 CITY-ST-ZIP 6.1 TITLE

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CR2E034 (5/98)

Change

__ Addition