

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 542063 (3)

1. Corporation Name

ANDY'S PLANT AIDS, INC.



Principal Place of Business

1840 FAIRBANKS ST
PO BOX 8187
LAKELAND FL 33805
US

Mailing Address

P.O. BOX 8187
PO BOX 8187
LAKELAND FL 33802
US

3. Date Incorporated or Qualified
08/03/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1766370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ANDREW JASON JR.
41 LAKE MORTON DRIVE
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2856 Carrie Ln

83

84 City

FL

85

Zip Code
33813

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 the person designated as agent and not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
WILLIAMS, LINDA
2856 CARRIE LN
LAKELAND FL

1.1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
33813

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
WILLIAMS, ANDREW J JR
41 LAKE MORTON DRIVE
LAKELAND FL

2.1 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
2856 Carrie Ln
Lakeland FL 33813

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-96 941 6801254

CR2E034 (12/95)