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May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 545307

(1)

1. Corporation Name

THE WEST FARM PLANT STORE, INC.

Principal Place of Business

6393 NEWBURY ROAD  
OAKS MALL  
GAINESVILLE FL 32605

Mailing Address

*do J. MAINS*  
~~6393 NEWBURY ROAD~~ 1596 NW 19th circle  
~~OAKS MALL~~  
GAINESVILLE FL 32605-4098



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MAINS, JAMES E  
1596 NW 19TH CIR  
GAINESVILLE FL 32605

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/15/1977

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1767140

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 fee if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

PD  
MAINS, PAT  
1596 NW 19TH CIR  
GAINESVILLE, FL 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

STD  
MAINS, JIM  
1596 NW 19TH CIR  
GAINESVILLE, FL 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

V  
MAINS, MIKE  
1596 NW 19TH CIR  
GAINESVILLE, FL 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE

J.E. MAINS

3/12/97

352 374 18713

CR2E034 (9/96)