


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

FILED
Jul 23 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 # 545307 (1)
1. Corporation Name
THE WEST FARM PLANT STORE, INC.



Principal Place of Business

6393 NEWBERRY ROAD
OAKS MALL
GAINESVILLE FL 32605

Mailing Address

C/O J. MAINS
~~1596 NW 19TH CIR~~ 4430 SW 35th Terrace
GAINESVILLE FL 32605
US 32608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1767140	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	Country	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAINS, JAMES E
~~1596 NW 19TH CIR~~ 4430 SW 35th Terrace
GAINESVILLE FL 32605
32608

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 602.0502 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)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAINS, PAT			1.2 NAME			
STREET ADDRESS	1596 NW 19TH CIR			1.3 STREET ADDRESS	4430 SW 35th Terrace		
CITY-ST-ZIP	GAINESVILLE, FL 00000 32608			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAINS, JIM			2.2 NAME			
STREET ADDRESS	1596 NW 19TH CIR			2.3 STREET ADDRESS	4430 SW 35th Terrace		
CITY-ST-ZIP	GAINESVILLE, FL 00000 32608			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAINS, MIKE			3.2 NAME			
STREET ADDRESS	1596 NW 19TH CIR			3.3 STREET ADDRESS	4430 SW 35th Terrace		
CITY-ST-ZIP	GAINESVILLE, FL 00000 32608			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	Vice President		
STREET ADDRESS				4.3 STREET ADDRESS	Kimberly A. Spencer		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	4430 SW 35th Terrace		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	000002597440		
STREET ADDRESS				5.3 STREET ADDRESS	-07/24/98--01020--045		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	***8.75		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	000002597440		
STREET ADDRESS				6.3 STREET ADDRESS	-07/24/98--01020--044		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***150.00		

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 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 13 if changed, or on an attachment with an address.

JAMES E. MAINS

CR2E034 (10/97)