

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 # 545307

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
4430 S.W. 35TH TERRACE
GAINESVILLE FL 32608
US

2. Principal Place of Business

21 4430 SW 35th Terrace

2a. Mailing Address

26 Suite, Apt. #, etc.

22

27

City & State

23 Gainesville FL

City & State

Zip

24 32608

Country

25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MAINS, JAMES E
4430 S.W. 35TH TERRACE
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1977

4. FEI Number

59-1767140

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAINS, PAT
STREET ADDRESS 4430 S.W. 35TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

TITLE STD
NAME MAINS, JIM
STREET ADDRESS 4430 S.W. 35TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

TITLE V
NAME MAINS, MIKE
STREET ADDRESS 4430 S.W. 35TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

TITLE VP
NAME SPENCER, KIMBERLY A
STREET ADDRESS 4430 S.W. 35TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP & DIRECTOR
1.2 NAME MARC. SPENCER
1.3 STREET ADDRESS 4430 SW 35th Terrace
1.4 CITY-ST-ZIP Gainesville FL 32608

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

000552/45