


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

**FILED**  
**Jan 21, 1999 8:00am**  
**Secretary of State**

01-21-1999 90030 036 \*\*\*150.00



|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 579289**

1. Corporation Name

**MIKE'S GREEN THUMB, INC.**

Principal Place of Business  
**4700 PALM RIDGE BLVD.  
DELRAY BEACH FL 33445**

Mailing Address  
**1014 BROOKS LANE  
DELRAY BEACH FL 33483  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/17/1978**

4. FEI Number

**59-1880098**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**RAIMONDI, MICHAEL  
1014 BROOKS LANE  
DELRAY BCH, FL  
33483**

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 ☐ DELETE

NAME **RAIMONDI, MICHAEL**  
STREET ADDRESS **1014 BROOKS LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **AST**  
NAME **RAIMONDI, JOSEPHINE**  
STREET ADDRESS **1014 BROOKS LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **RAIMONDI, JOSEPHINE**  
STREET ADDRESS **1014 BROOKS LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **RAIMONDI, JOSEPHINE**  
STREET ADDRESS **1014 BROOKS LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **RAIMONDI, JOSEPHINE**  
STREET ADDRESS **1014 BROOKS LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **RAIMONDI, JOSEPHINE**  
STREET ADDRESS **1014 BROOKS LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

**MICHAEL RAIMONDI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-06-99** **561.272.7112**

Date

Daytime Phone #

CR2E034 (11/98)