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

0444449

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90074 041 ***150.00

DOCUMENT # 630209

1. Corporation Name
POTTINGER'S NURSERY, INCORPORATED

Principal Place of Business	Mailing Address
900 SUNSET VISTA DR. FT MYERS FL 33919	900 SUNSET VISTA DR. FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/13/1979

2. Principal Place of Business
21: 910 SUNSET VISTA DR
Suite, Apt. #, etc. 22:
City & State 23: FT. MYERS, FL
Zip 24: 33919 Country 25:

2a. Mailing Address
26: P.O. BOX 07337
Suite, Apt. #, etc. 27:
City & State 28: FT. MYERS, FL
Zip 29: 33919 Country 30:

4. FEI Number: 59-1950935 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

VOELLINGER, MILLA
821 SUNSET VISTA DR
FT MYERS FL 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VOELLINGER, RICHARD		1.2 NAME		
STREET ADDRESS	821 SUNSET VISTA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUSHIL, KENNETH J.		2.2 NAME		
STREET ADDRESS	11931 LORAS LANE SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VOELLINGER, MILLA		3.2 NAME		
STREET ADDRESS	821 SUNSET VISTA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VOELLINGER, MILLA		4.2 NAME		
STREET ADDRESS	821 SUNSET VISTA DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Milla P. Voellinger Milla P. Voellinger 4/27/99 (941) 481-0626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)