

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 12 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 648334

(1)

1. Corporation Name

VICKERS' ANNUAL PLANTS, INC.

Principal Place of Business

2100-53RD AVE E
P.O. BOX 1087
BRADENTON FL 34203
US

Mailing Address

9119 64TH AVE E
P.O. BOX 1087
ONECO FL 34264-1087

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/14/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1967282

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICKERS, MARTHA
9119 64TH AVE E
BRADENTON, FL
ONECO FL FL 34264

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 renouncing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VICKERS, MARTHA
STREET ADDRESS	9119 - 64TH AVE. E.
CITY - ST - ZIP	BRADENTON FL
TITLE	VD
NAME	VICKERS, VERNON E
STREET ADDRESS	9119 64 AVE E
CITY - ST - ZIP	BRADENTON FL
TITLE	VD
NAME	VICKERS, PHILLIP
STREET ADDRESS	9119 - 64TH AVE. E.
CITY - ST - ZIP	BRADENTON FL
TITLE	STD
NAME	YOUNG, VICKIE
STREET ADDRESS	6805-283RD ST
CITY - ST - ZIP	MYAKKA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	VICKERS, VERNON E
2.3 STREET ADDRESS	9119 64 AVE E
2.4 CITY - ST - ZIP	BRADENTON FL 34202
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	

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****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Vickie Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/ JTS

5/1/95

813-755-4437