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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90113 010 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 648334

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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

Phillip L. Vickers

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

237 - magellan Dr.

83

84 City

Sarasota

FL

85 Zip Code

34243

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]

3/12/99

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **VICKERS, MARTHA**
CITY-ST-ZIP **9119 - 64TH AVE., E.
BRADENTON FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **VICKERS, MARTHA**
1.4 CITY-ST-ZIP **237 - magellan Dr.
Sarasota FL 34243**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VICKERS, VERNON E**
CITY-ST-ZIP **9119 64 AVE E
BRADENTON FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **VICKERS, VERNON E**
2.4 CITY-ST-ZIP **237. magellan Dr.
Sarasota FL 34243**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **VICKERS, PHILLIP**
CITY-ST-ZIP **9119 - 64TH AVE., E.
BRADENTON FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **PD**
3.3 STREET ADDRESS **VICKERS PHILLIP L.**
3.4 CITY-ST-ZIP **237 - magellan Dr.
Sarasota FL 34243**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **YOUNG, VICKIE**
CITY-ST-ZIP **6805-283RD ST
MYAKKA CITY FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VSTD**
4.3 STREET ADDRESS **Young, Vickie**
4.4 CITY-ST-ZIP **6805 283rd St E
Myakka City FL 34251**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

[Signature]

3/12/99

Date

941-755-4437

Daytime Phone #

CR2E034 (11/98)