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PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90075 029 ***150.00

DOCUMENT # H10438								
1. Corporation Name TROPICAL PARADISE NURSERY, INC.								
TROPICA	AL PAHADISE NURSERY, INC	j.			(300 (D))	181 HOLL BIRLI BI	Ali BIAN AIAII A	1671 6(3 11 188)
Principal Place	e of Business	Mailing Address			<u>-</u> 1001011 0101 11011 00111 01006 11	(B) (B)) B(B)(B)	an andin dibir d	(18))
183 PRICE STR		183 PRICE STREET						
NAPLES FL 339		NAPLES FL 33962			DO NOT MOU	IL TI IIO	204.05	
					3. Date Incorporated or Qualifed	TE IN THIS	SPACE	
					07/02/1984			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		· Ap	plied For
21		26			<u>59-2547219</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State			O. Election Committee Cinemains			<u> </u>
⊢ ′	3	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country		This corporation owes the curr	ent vear Inta		
24	25	29	30		Personal Property Tax.	, .	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered /	Agent	
OTAL	THEY FOUNT ST		81	Name	•			
STANLEY, JOHN F. 2660 AIRPORT RD., SOUTH NAPLES FL 33962			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)	· · ·	
			20		100000000000000000000000000000000000000	granis and in a	<u> </u>	30 (2)
			63	83		建构建设设施,在1980年的设施 。		
			84	City	The second of th	FL	85 Zip (Code
11 Durguant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	s the above	a-named corno	oration submits this statement for the	numose of	changing its	registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was aut	thorized by :	the corporatio	n's board of directors. I hereby accep	t the appoir	itment as re	gistered .
	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agen	t signature required		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D-DIRECTO	
TITLE								Addition
	DP	☐ DELETE	1.1 TITLE		To Part Control of the Control of th		Change	T I
NAME	HERBERT, MICHAEL		1.1 TITLE 1.2 NAME				Change	
NAME STREET ADDRESS	HERBERT, MICHAEL 183 PRICE STREET		1.2 NAME 1.3 STREET				Change	
STREET ADORESS	HERBERT, MICHAEL 183 PRICE STREET NAPLES FL	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-ST					Addition
STREET ADDRESS CITY-ST-ZIP TITLE	HERBERT, MICHAEL 183 PRICE STREET NAPLES FL S		1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE				☐ Change	Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME	HERBERT, MICHAEL 183 PRICE STREET NAPLES FL S HERBERT, MILDRED JOYCE	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	r-zip				Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HERBERT, MICHAEL 183 PRICE STREET NAPLES FL S HERBERT, MILDRED JOYCE 183 PRICE STREET	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP ADDRESS				Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME	HERBERT, MICHAEL 183 PRICE STREET NAPLES FL S HERBERT, MILDRED JOYCE	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	T-ZIP ADDRESS				Addition Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

M. JOYCE HELDE T SECRET

27/99 941-7

741-773-069 C

Daytime Phone #

32E034 (11/98)