

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90212 044 ***150.00

DOCUMENT # H43853

1. Corporation Name
HORTICULTURAL MANAGEMENT, INC.

Principal Place of Business
795 12TH AVE SW
VERO BEACH FL 32962
US

Mailing Address
P O BOX 2337
7404 PENNY LANE
VERO BEACH FL 32961
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1985

4. FEI Number

59-2481881

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

21 795 12th Avenue SW

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 32962 30 U.S.A.

9. Name and Address of Current Registered Agent

COMBS, BRIAN
7404 PENNY LANE
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name Ira C. Hatch

82 Street Address (P.O. Box Number is Not Acceptable)
1701 Highway 1A

83 Suite 220

84 City Vero Beach

85 Zip Code
FL 32963

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 ~~PSD~~ ☒ DELETE
NAME COMBS, BRIAN
STREET ADDRESS 7404 PENNY LANE
CITY-ST-ZIP FT. PIERCE FL

TITLE ~~VTD~~ ☒ DELETE
NAME COMBS, KATHRYNE
STREET ADDRESS 7404 PENNY LANE
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition
1.2 NAME Gary D. Harrold
1.3 STREET ADDRESS 1690 5th Court
1.4 CITY-ST-ZIP Vero Beach FL 32960

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/16/99

913-1671

0120779

CR2E034 (11/98)