FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:17

DOCUMENT # J06875 (5)

1. Corporation Name
PLANT PARENTS, INC.

Principal Place of Business	Mailing Address
7100 FRUITVILLE RD SARASOTA FL 34240	7100 FRUITVILLE RD SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1986
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 P.O. BOX 6847A
22 NORTH 9TH AVENUE
23 PENSACLOA, FL. 32504
24 Zip 32504 25 Country U.S.

2a. Mailing Address
26 P.O. BOX 611
27 Suite, Apt. #, etc.
28 City & State TALLEVAST, FL
29 Zip 34270 30 Country U.S.

4. FEI Number: 59-2665403 ☐ 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

9. Name and Address of Current Registered Agent

MAYER, BARBARA S.
2584 ARBORETUM CR
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7416 Oak Run Lane
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 _____ 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	1.1 TITLE	☒ Change ☐ Addition
NAME	MAYER, BARBARA S.	1.2 NAME	PRESIDENT
STREET ADDRESS	2584 ARBORETUM CR	1.3 STREET ADDRESS	MAYER, BARBARA S.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	P.O. BOX 6847A, NORTH 9TH AVENUE PENSACOLA, FL. 32504
TITLE		2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	VICE PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	BACKMAN, JERROLD ANDREW
CITY-ST-ZIP		2.4 CITY-ST-ZIP	P.O. BOX 6847A, NORTH 9TH AVENUE PENSACOLA, FL. 32504
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara S. Mayer Barbara S. Mayer 3/14/5 1-941-433-3827
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0344843 CP