

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90146 029 ***150.00

DOCUMENT # P92000002685

1. Corporation Name

PLANTWORKS OF FORT MYERS, INC.

Principal Place of Business

**20241 HUFFMASTER ROAD
N. FT. MYERS FL 33917**

Mailing Address

**20241 HUFFMASTER ROAD
N. FT. MYERS FL 33917**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1992

4. FEI Number

65-0366949

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

21

Suite, Apt. #, etc.

City & State

22

Zip Country

23

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRYANT, LYNNE C
20241 HUFFMASTER RD.
N. FT. MYERS FL 33917**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **BRYANT, MEREDITH E**
STREET ADDRESS **145 NE 6TH PL.**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **DV** ☐ DELETE
NAME **BOSNAK, JERRY N**
STREET ADDRESS **145 NE 6TH PL.**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **DTS** ☐ DELETE
NAME **BRYANT, LYNNE C**
STREET ADDRESS **145 NE 6TH PL.**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **D** ☐ DELETE
NAME **BOSNAK, JOANNE C**
STREET ADDRESS **145 NE 6TH PL.**
CITY-ST-ZIP **CAPE CORAL FL 33909**

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **20241 HUFFMASTER Rd**
1.4 CITY-ST-ZIP **N. FT MYERS FL 33917**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **20241 Huffmaster Rd**
2.4 CITY-ST-ZIP **N FT MYERS FL 33917**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **20241 Huffmaster Rd**
3.4 CITY-ST-ZIP **N FT MYERS FL 33917**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **20241 Huffmaster Rd**
4.4 CITY-ST-ZIP **N FT MYERS FL 33917**

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: **Meredith C Bryant President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (941) 731 6322
Date Daytime Phone #

CR2E034 (11/98)