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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000064291^{OK}
1. Corporation Name
GREEN EARTH GARDEN CENTER, INC.

Principal Place of Business Mailing Address
5175 ENGLEWOOD RD. SAME
VENICE, FL. 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
SEPT 1994

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| 2. Principal Place of Business 21 5175 ENGLEWOOD RD. Suite, Apt. #, etc. | 2a. Mailing Address 26 5175 ENGLEWOOD RD. Suite, Apt. #, etc. | 4. FEI Number 59-3264321 Applied For <input checked="" type="checkbox"/> Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 City & State VENICE, FL. Zip Country 34293 SARASOTA | 28 City & State VENICE, FL. Zip Country 34293 SARASOTA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | 25 | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent ERNIE C. LISCH 3011 MANATEE AVE. WEST BRADENTON, FL. 34205 | 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 |
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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 or 1 title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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| 12. OFFICERS AND DIRECTORS TITLE PRESIDENT NAME LYNDIA BARRETT O'NEIL STREET ADDRESS 3911 4TH AVE WEST CITY-ST-ZIP BRADENTON, FL. 34209 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME JEANETTE S. SIMON 1.3 STREET ADDRESS 708 SANCHER 1.4 CITY-ST-ZIP NORTHPORT, FL. 34287 2.1 TITLE TREASURE 2.2 NAME WILLIAM J. SIMON 2.3 STREET ADDRESS 708 SANCHER 2.4 CITY-ST-ZIP NORTHPORT, FL. 34287 3.1 TITLE EXECUTIVE VICE PRES. 3.2 NAME MICHAEL J. SIMON 3.3 STREET ADDRESS 3857 WOODMERE PK. BLVD 3.4 CITY-ST-ZIP VENICE, FL. 34293 4.1 TITLE SECRETARY 4.2 NAME JOHN M. SIMON 4.3 STREET ADDRESS 50 CORNELL RD. 4.4 CITY-ST-ZIP VENICE, FL. 34293 5.1 TITLE VICE PRESIDENT 5.2 NAME THOMAS M. SIMON 5.3 STREET ADDRESS 4970 KENT RD. 5.4 CITY-ST-ZIP VENICE, FL. 34293 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
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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.

SIGNATURE: WILLIAM J. SIMON
Typed Name: Treasurer
Date: 4-9-99
Daytime Phone #: 944-493-1223

CR2E034 (11/98)