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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000085667

R & O PLANT FARM, INC.

Principal Place of Business	Mailing Address
5264 CADILLAC DRIVE	5264 CADILLAC DRIVE

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90074 018 ***158.75



Suite, Ast. #, etc. 271 272 City & State Cit	LAKE WORTH F	-L 33463	LAKE WORTH PL 33403			DO NOT WRITE IN THIS SPACE								
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Suita, Ast. #, etc. Suita, Ast. #, etc. Suita, Apt. #, etc.														
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9. Name and Address of Current Registered Agent LEE, ROY E JR. Sc84 CADILLAC DRIVE LAKE WORTH FL 33463 11. Pursus int to the provisions of Sections 607 050; and 607 1508, Florida Stah less, the above-named curporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent as re; istered agent, and mailiar with, and accept the obligation sof, Section 607,0505, Florida Statutes. SIGNATUFE 30. OFFICERS AN) DIRECTORS 11. Pursus int to the provisions of Sections 607,050; and 607,1508, Florida Stah less, the above-named curporation submits this statement for the purpose of changing its registered agent, and mailiar with, and accept the obligation sof, Section 607,0505, Florida Statutes. SIGNATUFE 30. OFFICERS AN) DIRECTORS 11. TITLE 12. OFFICERS AN) DIRECTORS 12. OFFICERS AN) DIRECTORS 13. ADDITI DNS/CHANGES TO OFFICERS AND DIRECTORS IN 12. CRAYDE AGREEMENT ADDRESS LAKE WORTH FL 33463 14. CITY ST. 2P LAKE WORTH FL 33463 DELETE 21. TITLE 12. TANNE 13. STREET ADDRESS 14. CITY ST. 2P LAKE WORTH FL 33463 DELETE 21. TITLE 12. TANNE 13. STREET ADDRESS 14. CITY ST. 2P LAKE WORTH FL 33463 DELETE 21. TITLE 12. Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Change Change Change Change Change Change Ch	24		⊢ – `		,						one your m			⊒No
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S264 CADILLAC DRIVE LAKE WORTH FL 33463 83 84 City FL 85 Zip Code 11. Pursuar int to the provisions of Sirctions 607 0507; and 607 1508. Florida Statiles, the above-named corporation submits this statement for the purpose of changing its egistered office or registered agent, or both, in the Static of Florida, Such change was authorized by the corpor stion's board of 'sirectors.' I hereby accept the approintment as recistered agent, and amiliative with, and a ricept the obligations of, Section 607,0505, Florida Statutes. SIGNATUFE SIGNATU	LE:E,				82	Stre	at Adda	ess (P.O. Roy	Number is I	Vot Accent	able)			
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11. Pursui nt to the provisions of Suctions 607 0500; and 607 1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its egistered 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 recisivered agent, I am familiar with, and autespt the obligations of, Section 607 0505, Florida Statutes. SIGNATUFE Signature, type of primited not not of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Ta. OFFICERS AND DIRECTORS 113. ADDITED INSIGHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D	· LAKE	E WORTH FL 33463			83									
11. Pursuit in to the provisions of Suctions 607 050; and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its egistered 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 application agent and size if applicable. Signature, type of reprinted not not of registered agent and size if applicable. (NOTE Registered Agent signature registered reprinted not not of the purpose of changing its egistered office or registered agent with, and all size if the obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature registered or size of wheel remaiding) DATE					84	City						85	Zip C	ode
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D	SIGNATUF:E	Signature, typed or printed name of registered age	n' and title if applicable. (NO1	E Registe	ered Agen	nt signat	are required	d when reinstating)			DATE			
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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 signa ure 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 change I, or on an attachment with an address, with all other like empowered.

561-867-0897