

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90220 010 ***150.00

DOCUMENT # P95000000326

1. Corporation Name
LIVING PLANTS, INC.

Principal Place of Business

2307 PALM AVENUE
SEFFNER FL 33584

Mailing Address

2307 PALM AVENUE
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/03/1995

4. FEI Number

59-3293065

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

AYE, WALTER E
610 W AZEELE STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
RICHARD K. DERRIDINGER, SR.

82 Street Address (P.O. Box Number is Not Acceptable)
3943 FONTAINE BLEAU DRIVE

83

84 City
TAMPA

FL

85 Zip Code
33634

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]*

RICHARD K. DERRIDINGER SR

3-4-99

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 PGM
NAME HOUSE, KAREN M
STREET ADDRESS 2803 MORRISON AVE.
CITY-ST-ZIP TAMPA FL 33629 ☒ DELETE

TITLE TS
NAME HOUSE, MARK W
STREET ADDRESS 2803 MORRISON AVE.
CITY-ST-ZIP TAMPA FL 33629 ☒ DELETE

TITLE D
NAME CLARK, DANIEL
STREET ADDRESS 2722 BUFFRIDGE TRIAL
CITY-ST-ZIP DALLAS TX 75252 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME RICHARD K. DERRIDINGER SR
1.3 STREET ADDRESS 3943 FONTAINE BLEAU DR
1.4 CITY-ST-ZIP TAMPA, FL 33634-7493 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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] RICHARD K. DERRIDINGER, SR 3-4-99

Date

813.689.3108

Daytime Phone #

CR2E034 (1/98)