

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90039 038 ***150.00

0382285

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000043667

1. Corporation Name
CARBET NURSERY, INC.



Principal Place of Business 5115 BONITA DR. WIMAUMA FL 33598	Mailing Address PO BOX 5008 SUN CITY CENTER FL 33571 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1995

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 59-3318396	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COWAN, HAROLD L
~~137 S PEBBLE BCH BLVD~~
~~STE 201~~
SUNCITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name **COWAN, HAROLD L**
 82 Street Address (P.O. Box Number is Not Acceptable)
139 S PEBBLE BCH BLVD
 83 **SUITE 105**
 84 City **SUN CITY CENTER** FL 85 Zip Code **33573**

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 HAROLD L COWAN MAJ. COWAN DATE 1/6/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PTDC	<input type="checkbox"/>
NAME	COWAN, HAROLD L	
STREET ADDRESS	137 S PEBBLE BEACH BLVD #201	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	ELLISON, WILLIAM L.	
STREET ADDRESS	137 S PEBBLE BEACH BLVD, #201	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	<input type="checkbox"/>
NAME	STICKLE, RICHARD F.	
STREET ADDRESS	5003 BONITA DR	
CITY-ST-ZIP	WIMAUMA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS	139 S PEBBLE BEACH BLVD #105	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
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: HAROLD L COWAN PRESIDENT MAJ. COWAN DATE 1/6/99 DAYTIME PHONE # (813)634-4227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)