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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000078095	(3)
THE HERB GARDEN	INC.	

FILED May 13 1998 8:00am Secretary of State

1. Corporatio	ERB GARDEN INC.	0070000 (0)			
Principal Plac	e of Business	Mailing Address			BOOL LOTH BRITE LOLDS AFTE LODIE
10432 US 19 "E" 10432 US 19 "E" PORT RICHEY FL 34668 PORT RICHEY FL 34668					
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 10/09/1995	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.	<u> </u>	59-3341645	\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required	
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	·	30	Personal Property Tax due June 30.	Yes No
D.A	9, Name and Address of Currer	nt Hegistered Agent	B1 Name	10. Name and Address of New Registere	d Agent
BATDORF, KEITH			BAT DOEF, BARBARA dress (P.O. Box Number is Not Acceptable)		
10432 U.S. HWY 19 PORT RICHEY FL 34668		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
FOR NOTE: PL 34000		83		. 4	
			PORT Richty, FL. 3466		
			84 City	F	L 85 Zip Code
11. Pursuant office or agent. La		blast BARR	BARA H. BAT	rporation submits this statement for the purpose ation's board of directors. I hereby accept the appearance of the purpose the statement for the purpose ation's board of directors.	of changing its registered oppointment as registered
12.		ID DIRECTORS	Registered Agent signature root. 13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE	ABBITTOTO, OF WATER TO CONTINUE TO A	☐ Change ☐ Addition
NAME	BADDORF, BARBARA H		1 2 NAME		
STREET ADDRESS	40400 110 1810/ 40		13 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2 1 TIFLE	VICE President	Change Addition
NAME	BADDORF, KEITH M		2.2 NAME	BAT DOEF BARBARA 10432 US HWY 19	
STREET ADDRESS			2 3 STREET ADDRESS	10432 05 14wy 19	
CITY-ST-ZIP	PORT RICHEY FL 34668		2. 4 CITY - ST - ZIP	PORTRICKEY, Fl. 341	167
TITLE		DELETE	3.1 TITLE	·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME CIRCLY ADDOCCC			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		
NAME		DECETE	5.1 TITLE		Change Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
Street Participa		☐ DELETE	5.2 NAME		☐ Change ☐ Addition
CITY-ST-7IP		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME		☐ Change ☐ Addition
			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TRILE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Contile that the information was find to	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TRILE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Section 110 07/2\(\rightarrow\) Florida Statutor I further	☐ Change ☐ Addition

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 informatio 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 of the corporation or the receipt 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 attrict that with an address.