

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017222 (6)

1. Corporation Name

PLANT HEADS, INC.



Principal Place of Business

2032 FLORINDA ST.
SARASOTA FL 34231

Mailing Address

2032 FLORINDA ST.
SARASOTA FL 34231-0418

3. Date Incorporated or Qualified

02/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3902 LONGHORN DR.

26 3902 LONGHORN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23 SARASOTA FL

28 SARASOTA FL

24 Zip

Country

29 Zip

Country

34233

25 SARASOTA

34233

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCALLISTER, SCOT T
2032 FLORINDA ST.
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3902 LONGHORN DR.

83

84 City

SARASOTA

FL

85 Zip Code

34233

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MCALLISTER, SCOT T
STREET ADDRESS 2032 FLORINDA ST.
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3902 LONGHORN DR.
SARASOTA FL 34233

TITLE V ☐ DELETE

NAME HUBBARD, JEFFERY R
STREET ADDRESS 2032 FLORINDA ST.
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3902 LONGHORN DR.
SARASOTA FL 34233

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 (941) 371-1802

CR2E034 (9/96)