

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000030516 (4)

1. Corporation Name  
PLANET PLANTS, INC.



Principal Place of Business

Mailing Address

2523 COOLIDGE ST  
HOLLYWOOD FL 33020  
US

2523 COOLIDGE ST  
HOLLYWOOD FL 33020  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

65-0663582

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 15250 PERSIMMON AVE.

2a. Mailing Address

26 15250 PERSIMMON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DELRAY BEACH FL.

28 DELRAY BEACH FL

Zip

Country

Zip

Country

24 33446

25 U.S.A.

29 33446

30 U.S.A.

9. Name and Address of Current Registered Agent

KINSMAN, TRACY D  
5815 POLK STREET  
APT. 3  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

TRACY D. KINSMAN

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

15250 PERSIMMON AVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33446

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

TITLE PD  
NAME BOLLING, JOEL S  
STREET ADDRESS 2523 COOLIDGE ST.  
CITY-ST-ZIP HOLLYWOOD FL  
☒ DELETE

TITLE MD  
NAME KINSMAN, TRACY D  
STREET ADDRESS 2523 COOLIDGE ST  
CITY-ST-ZIP HOLLYWOOD FL  
☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME BOLLING, JOEL S.  
1.3 STREET ADDRESS 15250 PERSIMMON AVE  
1.4 CITY-ST-ZIP DELRAY BEACH FL 33446  
☐ Change ☐ Addition

2.1 TITLE MD.  
2.2 NAME KINSMAN, TRACY D.  
2.3 STREET ADDRESS 15250 PERSIMMON AVE  
2.4 CITY-ST-ZIP DELRAY BEACH FL 33446  
☐ 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.

SIGNATURE *Tracy D. Kinsman* 4-1-98 1561496-1985

CR2E034 (10/97)