## 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 # P9700004169 (3)

YOUNG'S GARDEN CENTER, INC.

## FILED Apr 27 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				I NEBELORE AND TRAIN ORBER
524 GULF BA	Y ROAD	524 GULF BAY ROAD				
LONGBOAT KEY FL 34228		LONGBOAT KEY FL 34228				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						01/15/1997
2. Principal PI	ace of Business	2a. Mailing Address				
21		26 YOWALTER SANDERS			FD (	4. FEI Number of 18439 Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u> </u>	\$8.75 Additional
22		27 13910 N DALE MARRY STET			R4 51E	Certificate of Status Desired     Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28 TAMPA FL			Trust Fund Contribution Added to Fees	
Zip	Country	700	<del></del>	untry		8. This corporation owes or has paid the current year Intangible
24	25	20 33618	30	μ.)	7	Personal Property Tax due June 30. 🔼 Yes 🗌 No
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
SANDERS, WALTER				"	Name	
	10 NORTH DALE MABRY HIGHW	NY [ε		82	Street Add	ress (P.O. Box Number is Not Acceptable)
SUITE 1				83		
TAN	MPA FL 33618			53		1
				84	City	FL 85 Zip Code
44 5	4.007.0100		15			<del></del>
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 Lam\familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Stanature Typed or pouled name of registered agent	and title if applicable (NOT	f. Doni tous	od Age	W A	LTER SANDERS 2-26-98
12.	OFFICERS AND		13.	o Age	in agnature regor	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	111	ITLE		Change Addition
NAME	YOUNG, LESLIE		1.2 N	IAME		
STREET ADDRESS	524 GULF BAY ROAD		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP		T-ZIP	
TITLE	DELETE 2+1		ITLE		Change Addition	
NAME	YOUNG, LISA PHILLIPS		2 2 N	2.2 NAME		
STREET ADDRESS	524 GULF BAY ROAD		2.3 STREET ADDRESS		aduress	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		2 4 CHTY-ST-ZIP		ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			32 N	IAME		
STREET ADDRESS			335	TREET	ADDRESS	
CITY-ST-ZIP		TT 75.225			ST - 7IP	A
TITLE		☐ DELETE	411			Change L Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		F.C. CTC		HTY-S	Y-ZIP	Charge
TITLE		☐ DELETE	511			☐ Change ☐ Addition
NAME			52 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	540 611	TY-S	T-ZIP	Change Addilion
TITLE		☐ DELETE				L.3 Change L.3 Addition
NAME			62 N		ADDOLCO	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	ertify that the information supplied will	this filing does not qualify for		emp		Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 eath; that I am an officer or director of the corporation or the receiver or frustee 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 for or a statehinent with an address.

CICALATURE.

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(OU1/383-2182