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

PROFIT CORPORATION ANNUAL REPORT

1998

TITL F

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P97000027444 (3)

GREEN THUMB GREENHOUSES & NURSERIES, INC.

Principal Place of Business Mailing Address 9807 EDEN PARK AVE 9807 EDEN PARK AVE. FOREST CITY FL 32714 FOREST CITY FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 4. FEI Number 59-3436333 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLEMENTS, ROBERT G CLEMENTS, ROBERT G **644 WEST COLONIAL DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable)
1933 WESTPOINT CIRCLE ORLANDO FL 32804 83 ORLANDO FL. 32835 84 City Zip Code 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 (NOTE_flegistered Agent signature required when reinstating) Signature, typed or ponted name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 111 CASTRO, GUSTAVO C NAME 1.2 NAME CARTAGENA CASTRO, GUSTAVO ARCO INGENIEROS, S.A. 21 CALLE POINENTE STREET ADDRESS 1.3 STREET ADDRESS 21 CALLE PONIENTE No.1325 **SALVADOR, EL SALVADOR** 1.4 CITY-ST-ZIP SAN SALVADOR, EL SALVADOR, C.A. CITY-ST-ZIP ☐ DELETE 2.1 TITLE ☐ Change Addition . TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ Change TITLE DELETE Addition 4.1 THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP

DELETE

61 TITLE 6.2 NAME

14. Thereby certify that the information supplied with this filling 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 men attachment with an address.

6.3 STREET ADDRESS 6.4 City - \$1 - 7(P

Gustavo C. Cartagena

FILED May 14 1998 8:00am Secretary of State



Change

Addition