

FROM :

PHONE NO.

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027444

1. Corporation Name

GREEN THUMB GREENHOUSES & NURSERIES, INC.

Principal Place of Business

9807 EDEN PARK AVE.
FOREST CITY FL 32714

Mailing Address

9807 EDEN PARK AVE.
FOREST CITY FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

59-3436333

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLEMENTS, ROBERT G
1933 WESTPOINT CIR
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

FL

85. 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. 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: D. ☒ DELETE
NAME: CASTRO, GUSTAVO C.
STREET ADDRESS: ARCO INGENIEROS, S.A. 21 CALLE POINTE
CITY-STATE-ZIP: SALVADOR, EL SALVADOR

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☒ Change ☐ Addition
1.2 NAME: GUSTAVO, CARTAGENA C.
1.3 STREET ADDRESS: ARCO INGENIEROS, S.A. de C.V. 21 Calle Poiniente
1.4 CITY-STATE-ZIP: San Salvador, El Salvador

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-ZIP:

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

Gustavo Cartagena 9-17-99

phone # 011-503-225-5744

CR2E034 (5/99)