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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000066047 (6) DOCUMENT #

Principal Place of Business Mailing Address 314 MARTIN ST. 314 MARTIN ST. APOPKA FL 32712 APOPKA FL 32712

FILED Apr 13 1998 8:00am Secretary of State

B & T GREENHOUSES, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LO. MARY 261 LIVERPOOL COVE 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 84 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, typod or printed name of registered agent and title if applicable CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition PRABUNAUTH. NAME 1.2 NAME 314 MARTIN ST. STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LO, CHIA-TON NAME 2.2 NAME 261 LIVERPOOL COVE STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE PRABUNAUTH, SHANTA 32 NAME NAME 314 MARTIN ST. 3.3 STREET ADDRESS STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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.

V Shanta Prabulanti SIGNATURE: