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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000066047

1. Corporation Name

B & T GREENHOUSES, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90142 018 ***150.00



A. C. A. L.						IIIO DHIIR DI	
Principal Place of Business Mailing Address							
314 MARTIN ST. 314 MARTIN ST. APOPKA FL 32712 APOPKA FL 32712							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 07/25/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21	26			•	59-3462422		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		5 Additional
22	27				Fee Required		
City & State	City & State				6. Election Campaign Financing \$5.00 May Be		
23	28				Trust Fund Contribution	Adde	ed to Fees
Zip Country	Zip	Country			8. This corporation owes the current year Inta		-a.
24 25	29	30			Personal Property Tax.	Yes	ZNo
9. Name and Address of Current	Registered Agent	_	041		10. Name and Address of New Registered A	lgent	
IO MADV			81	Name			
LO, MARY 261 LIVERPOOL COVE			82	Street Addres	Address (P.O. Box Number is Not Acceptable)		
LONGWOOD FL 32779							
LONGWOOD I E 32119			83				
			84	City	FL	85 Z	ip Code
11 Pursuant to the provisions of Sections 607 0502	and 607.1508. Florida Statu	tes. the a	bove	e-named corpor	ration submits this statement for the purpose of	changing	its registered
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)				t signature required t	when reinstating) DATE		<u> </u>
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	
TITLE PD	PD DELETE		1.1 TITLE			Chang	ge 📑 Addition
NAME PRABUNAUTH,		1.2 N	AME				
STREET ADDRESS 314 MARTIN ST.		1.3 \$1	1.3 STREET ADDRESS				
CITY-ST-ZIP APOPKA FL 32712			TY-ST	r-ZIP			
TITLE VD	☐ DELETE	2.1 TY	TLE			Chan	ge 🗀 Addition
NAME LO, CHIA-TON			2.2 NAME				\
STREET ASSESSED TO THE STREET ASSESSED.			23 STREET ADDRESS			 -	
CITY-ST-ZIP LONGWOOD FL 32779			2.4 CITY-ST-ZIP				
I I	STD DELETE 3.					☐ Chan	ge
Transfer to transfer to the tr			AME				{
	S 511 III U11 U11			ADORESS			
CITY-ST-ZIP APOPKA FL 32712				T-ZIP		Char	Addition
TITLE	_		4.1 TITLE			Chan	ge
NAME		4. 2 N					
STREET ADDRESS		4.3 S	TREET	ADDRESS			ł
CITY-ST-ZIP				T-ZIP		□ Chan	noitibba 🗔 🙃
			TLE AME			Chan	ge
NAME		5.2 N					
STREET ADDRESS				ADORESS			
CITY-ST-ZIP	1-EIF			T-ZIP		Chan	ge
mle	☐ DELETE	6.1 TI				m cuani	go LJ Addition
NAME (6.2 N		********			1
STREET ADDRESS		6.3 \$	IKEET	ADDRESS]

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, with all other like empowered.