## 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

**FILED** Jun 01 1998 8:00am Secretary of State

DOCUMENT # P97000084512 (7) BASICALLY GROUNDCOVERS, INC. Principal Place of Business Mailing Address 6707 THONOTOSASSA RD. 6707 THONOTOSASSA RD. PLANT CITY FL 33565 PLANT CITY FL 33565 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Ζıρ Country 8. This corporation owes or has paid the current year Intangible □ No 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAMBLIN, BRENDA 6707 THONOTOSASSA RD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33565 83 84 City Zip Code 85 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, typed or pricted name of registered agent and the if applicable (NOTE: Registored Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change NAME SHAMBLIN, THOMAS 1.2 NAME 6707 THONOTOSASSA RD. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 1.4 CITY-ST-ZIP DELFTE 21 TITLE Change Addition TITLE NAME SHAMBLIN, BRENDA 2.2 NAME STREET ADDRESS 6707 THONOTOSASSA RD. 2.3 STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 JHLE NAME 6.2 JAME STREET ADDRESS TREET ADDRESS 14. I hereby certify that the information supplied with this filing does not qualify for the e-indicated on this annual report or supplemental annual report is true and accurate e-officer or director of the corporation or the receiver or trustee empowered to execut emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nd that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in