## **PROFIT** CORPORATION ANNUAL REPORT 1999



### FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90175 009 \*\*\*150.00

# DOCUMENT # DOCOCO10710

1. Corporati TALLA	IASSEE GARDEN CENTER, ce of Business SWOOD DRIVE	INC.  Mailing Address  1320 THOMASWOOD DRIV TALLAHASSEE FL 32312	E	<u> </u>		**************************************	
					DO NOT WRITE IN THE	115 SPACE	_ <del></del>
					3. Date Incorporated or Qualified 02/09/1998		
2. Principal	Za. Mailing Address			4. FEI Number	- T An	plied For	
21	Tides of obstitutes	26			59-349/220	<del></del>	t Applicable
Suite, Apl	I. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27		Fee Required		d Jired	
City & Sta	ate .	City_&_State			6. Election Campaign Financing \$5.00 May Be		
23		28	<del></del>		Trust F Ind Contribution Added to Fees		
Zip Coun'ty  24 25		Zip Country		8. This corporation owes the current year thrangible Personal Property Tax.			
24	9. Name and Address of Curre		1301		10. Name and Address of New Register		
	- Haire and Addiese of Contac		-   8	1 Name		<u> </u>	
BRYANT, MARIANNE D				2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
815 LAKE RIDGE ROAD			[*	Siec vol	ilege (1.0. EXX Hulling) is Hull Acceptable)		
TAL	LAHASSEE FL 32312		8	3			
			-	4 City		85 Zip C	
			1	} '	poration submit; this statement for the purpose ion's board of directors. I hereby accept the ap	• <u>"</u>	
SIGNATUR	Signature, typed or printed run as of registered age		: Flagistered Ac	jent signature requin	ADDITIC NS/CHANGES TO OFFICERS	(ND DIRECTO	ES IN 12
12.	Presinent	NE DIRECTORS	1.1 TILE	<u> </u>	ADDITIONATION AND TO OFFICERS	Change	Addition
NAME	Marine Ballo		12 NAME	·		<del>-</del> -	
STREET ADDRESS	MATIMINE BRYAMS 815 LAKE RIPLE TOUL, FL 32	nd		ET ADDRESS			
CITY-ST-ZIP	Tall PL 32	312-	1,4 CITY	-			
TIME		DELETE	2.1 TITLE			Change	Addition
NAME	1		2.2 NAM	<b>₽</b>			
STREET ADDRESS	s		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY				
TILE		☐ DELETE	3.1 TITLE	. i		☐ Change	Addition
NAME			3.2 NAME	- Ł			
STREET ADDRESS	s	<del></del>		ET ADDRESS	<del>-</del> <del></del>		<del></del> +·
CITY-ST-ZIP		☐ DELETE	3.4. C/TY			Change	Addition
TILE		C offere	4.2 NAM		••	~ · · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS			1	ET ADDRESS			
CATY-ST-ZIP			44 CITY-	ľ			
TITLE		DELETE	5.1 TIPLE			☐ Change	Addition
NAME		_	5.2 NAME				-
STREET ADDRES	s		5.3 STRE	ET ADORESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6 2 NAME	•			
STREET ANNOUS:	۵)		6.3 STRE	ET ADDRESS			

64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 3(ii), Florida Statutes. I further cartify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signative 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 a flother like empowered.

SIGNATURE: