

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90073 028 \*\*\*150.00

DOCUMENT # P98000019924

1. Corporation Name  
WATERGARDEN HYDROPONIC FARMS, INC.



Principal Place of Business ☒ Mailing Address ☒  
8640 PHILLIPS HIGHWAY  
SUITE 20  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5012 Silo Rd.

Suite, Apt. #, etc.

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City & State

23 St. Augustine, FL

Zip 32092

Country

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2a. Mailing Address

26 5012 Silo Rd.

Suite, Apt. #, etc.

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City & State

28 St. Augustine, FL

Zip 32092

Country

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3. Date Incorporated or Qualified

02/26/1998

4. FEI Number

59-3498690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROBINSON, MARY A  
1 INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

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84 City

85 Zip Code

FL

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 SUGGS, ALLEN D III

STREET ADDRESS 2174 HYDE PARK ROAD

CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE

NAME IRISH, CHARLES F

STREET ADDRESS 8105 HUNTERS GROVE ROAD

CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P.I.T. ☐ Change ☒ Addition

1.2 NAME Allen D. Suggs III

1.3 STREET ADDRESS 5012 Silo

1.4 CITY-ST-ZIP St. Augustine, FL 32092

2.1 TITLE AS VP ☐ Change ☒ Addition

2.2 NAME Charles F. Irish

2.3 STREET ADDRESS 8105 Hunters Grove Rd.

2.4 CITY-ST-ZIP Jacksonville, FL 32256

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

904-940-5804

Date

Daytime Phone #

0043389

CR2E034 (11/98)