CORI ANNU	PROFIT PORATION AL REPORT 1999	FLORIDA DEPARTI Katherine Secretary of DIVISION OF CO	Harris of State	FILED Apr 30, 1999 8:00 am Secretary of State
DOCUMENT # P98000031995 1. Corporation Name POWER PLANT GROWERS, INC.				04-30-1999 90071 008 ***150.00
Principal Place		Mailing Address		
2728 LAKEWOOL EUSTIS FL 3272		27 28 LAKEWOOD LAN E TEUSTIS FL-327 26		DO NOT WRITE IN THIS SPACE
			τ.	3. Date Incorporated or Qualifed
D. Deinsingt Die	، د ت	2a. Mailing Address		04/01/1998 4. FEI Number Applied For
2. Principal Pla	N · HIN . 19A	26 4060 N. J	twy. 191	59-3535129 Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 32 Zip	784 US	28 32784 Zip	<u>US</u> Country	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
24	25	29 3	0	Personal Property Tax.
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
HORTON, BILL W			82 Street	Address (P.O. Box Number is Not Acceptable)
219 N. MAGNOLIA AVE. ORLANDO FL 32801			83	
	:		84 City	FL 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.				
	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	
	Signature, typed or printed name of registered agent		egistered Agent signature n 13.	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	President		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Treasurer □Change Addition Tina Jones 740 S. King ST. Eustis, FI. 32786
NAME	na T Camerar		1.2 NAME	Tina Jones_
STREET ADDRESS	10343 Barringto	n, Cli 4788-3548	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TYOS. King ST. Eustis, Fl. 32784
CITY-ST-ZIP TITLE	Donald Carlson		2.1 TITLE	
NAME	2728 Lakewood	Lane	2.2 NAME	
STREET ADDRESS	Eustis, #1. 3	2126	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	Secientary		3.1 TITLE	Change Addition
NAME	Kotherine A.Ca	mpbell	3.2 NAME	
STREET ADDRESS	39701 Just-a-M	2784	3.3 STREET ADORESS 3.4, CITY-ST-ZIP	
CITY-ST-ZIP TITLE	TRASLIPT		4.1 TITLE	
NAME	Tina Jones St		4. 2 NAME	
STREET ADDRESS	140 5. King ST.	26	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	FUSIDATE OFT		5.1 TITLE	Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY- ST-ZIP	
CITY-ST-ZIP TITLE			6.1 TITLE	Change Addition
NAME -			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
			he exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same lengt effect as if made under oath; that I am an
14. Thereby certify that the information 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 tike empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR IRECTOR				

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