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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90126 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000045155

1. Corporation Name

STILL WATERS NURSERY INC.

Principal Place of Business

**1075 MOON LAKE DRIVE
NAPLES FL 34104**

Mailing Address

**1075 MOON LAKE DRIVE
NAPLES FL 34104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

59-3516351

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

2. Principal Place of Business

21 3500 TREE FARM RD.

2a. Mailing Address

26 678 COLDSTREAM CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 NAPLES, FLORIDA

City & State

28 NAPLES, FLORIDA

Zip

Country

24 34104

25 U.S.A.

Zip

Country

29 34104

30 U.S.A.

9. Name and Address of Current Registered Agent

POSCH, CHARLES G

**1075 MOON LAKE DRIVE 678 COLDSTREAM CT.
NAPLES FL 34104**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Charles G. Posch **CHARLES G. POSCH** **TREASURER**

2/18/99

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	PRESIDENT	<input type="checkbox"/> DELETE
NAME	WILLIAM BRADY	
STREET ADDRESS	291 23RD ST. S.W.	
CITY-ST-ZIP	NAPLES, FLORIDA	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	BARBARA POSCH	
STREET ADDRESS	678 COLDSTREAM CT.	
CITY-ST-ZIP	NAPLES, FL. 34104	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	KELLY BRADY	
STREET ADDRESS	291 23RD ST. S.W.	
CITY-ST-ZIP	NAPLES, FLORIDA	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	CHUCK POSCH	
STREET ADDRESS	678 COLDSTREAM CT.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles G. Posch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99

941-262-3618

Date

Daytime Phone #

CR2E034 (1/1/98)