


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90013 042 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000099845**

1. Corporation Name  
**PERSONAL GREENS, INC.**

Principal Place of Business  
3736 MUNDY RIDGE DRIVE  
SARASOTA FL 34233

Mailing Address  
3736 MUNDY RIDGE DRIVE  
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/01/1998**

2. Principal Place of Business  
21 **6231 MEDICI COURT**  
Suite, Apt. #, etc. **#301**

2a. Mailing Address  
26 **6231 MEDICI COURT**  
Suite, Apt. #, etc. **#301**

4. FEI Number  
**65-0880406**  
Applied For ☐ Not Applicable ☒

City & State  
23 **SARASOTA, FL**  
Zip **34243** Country **USA**

City & State  
28 **SARASOTA, FL**  
Zip **34243** Country **USA**

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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>SHEFFER, DAVID L</b>	1.2 NAME	<b>SHEFFER, DAVID L</b>
STREET ADDRESS	<b>3604 MUNDY RIDGE DRIVE</b>	1.3 STREET ADDRESS	<b>6231 MEDICI COURT #301</b>
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>
TITLE	<b>VPD</b>	2.1 TITLE	
NAME	<b>BUCHAN, JOHN W</b>	2.2 NAME	
STREET ADDRESS	<b>3604 MUNDY RIDGE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<b>VICE PRESIDENT - OPERATIONS</b>
NAME	<b>MCSTRAVICK, NEIL J</b>	3.2 NAME	<b>MCSTRAVICK, NEIL J</b>
STREET ADDRESS	<b>3604 MUNDY RIDGE DRIVE</b>	3.3 STREET ADDRESS	<b>3289 CHESHIRE LANE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34237</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

**DAVID L SHEFFER**

**9/14/99**

**(941) 355-3916**

CR2E034 (5/99)