


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$150).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90003 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000102833 1. Corporation Name IRENE'S PLANT DESIGNS & CREATIONS, INC. | | | | | |
| Principal Place of Business 144 AVE B SW WINTER HAVEN FL 33830 | | | Mailing Address 144 AVE B SW WINTER HAVEN FL 33830 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 3. Date Incorporated or Qualified 12/08/1998 | | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 4. FEI Number 59-3547065 | |
| 22 City & State | | 27 City & State Winter Haven, FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip 33880 Country | | 28 Zip 33880 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 33880 | | 29 33880 | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent CHAPMAN, JAMES A 918 GOLF COURSE PARKWAY DAVENPORT FL 33837 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 304 NIBLICK CIRCLE 84 City WINTER HAVEN, FL 85 Zip Code 33880 | | |
| 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 <i>[Signature]</i> DATE 7-4-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE D <input type="checkbox"/> DELETE NAME CHAPMAN, JAMES A STREET ADDRESS 144 AVE B SW CITY-ST-ZIP WINTER HAVEN FL 33830 | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 33880 | | |
| TITLE D <input type="checkbox"/> DELETE NAME CHAPMAN, TRUDY J STREET ADDRESS 144 AVE B SW CITY-ST-ZIP WINTER HAVEN FL 33830 | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 33880 | | |
| TITLE D <input type="checkbox"/> DELETE NAME WOMBLES, KELLY C STREET ADDRESS 144 AVE B SW CITY-ST-ZIP WINTER HAVEN FL 33830 | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 33880 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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. | | | | | |
| SIGNATURE: <i>[Signature]</i> 7-4-99 94-299-0051 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

CR2E034 (5/99)