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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S25636

ED'S TREES & PLANTS, INC.

Principal Place of Business Mailing Address												
3810 NE 25 AVE 3810 NE 25 AVE												
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 330			4				-	DO NO	r write	IN THIS	SPACE	
00							3. Date Incorp.	orated or Qu				
Principal Place of Business 2a. Mailing Address							4, FEI Number				Ap	plied For
21 PO Box 50205 Lighthouse PT. 26							65-16150	<u> 27 </u>				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of	Status Desi	red	<u> </u>	\$8.75 / Fee Re	
City & State	9	City & State					6. Election Car		ncing		\$5.00	1
23 <i>F</i> 1.		28					Trust Fund (Added	o Fees
Zip	Country	Zip	Cou	ntry			This corporal Personal Pre		e curren		ngible □ Yes	ENo
24 33074	9. Name and Address of Curren		10				10. Name and		New Re			
	9. Name and Address of Curren	it Registered Agent		81	Name		io, Name and			3		
MILLER, RENEE S.				82	12 Street Address (P.O. Box Number is Not Acceptable)							
3810 NE 25TH AVENUE SUITE 202							<u> </u>					
	THOUSE POINT FL 33064			83								
				84	City					FL	85 Zip (
office or a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	honzed	by t	named he corpo	corpora oration's	ation submits this s board of direct	statement f ors. I hereby	or the pu	urpose of o the appoin	changing its tment as re	registered gistered
SIGNATURE											•	
	Signature, typed or printed name of registered ager		-	Agent	signature r	required w	hen reinstating)	CUANCES	TO OFFI	DATE CERS AN	D DIRECTO	DS IN 12
TITLE	PD OFFICERS AN	ID DIRECTORS	13.			1	ADDITIONS/	HANGES	U UFFI	CERS AN	☐ Change	Addition
NAME	MILLER, RENEE		1.2 NA								-	_
STREET ADDRESS	3810 NE 25TH AVE				ADDRESS	PO	BOX 50	205				
CITY-ST-ZIP	LIGHTHOUSE PT FL			1.4 CITY-ST-ZIP		Lick	thouse	PT.	FI	330	74	,
TITLE	☐ DELETE		2.1 TITLE		-57	1 1 10 55	-		-	Change	☐ Addition	
NAME			2.2 NA	ME								
STREET ADDRESS			2.3 ST	REET.	ADDRESS							
CITY-ST-ZIP			2.4 C	TY-SI	-ZIP							
TITLE	☐ DELETE			3.1 TITLE							Change	☐ Addition
NAME			3.2 NA	ME								
STREET ADDRESS			3.3 ST	REET	ADDRESS							
CITY-ST-ZIP			3.4. C	TY-\$1	-ZIP						==-	
TITLE		☐ DELETE	4.1 70	ΓLE							☐ Change	☐ Addition }
NAME			4. 2 N									
STREET ADDRESS			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP		□ pciete	_	ry-st	-ZIP						Change	☐ Addition
TITLE		☐ DELETE	5.1 TF 5.2 NA								[] Onange	
NAME					ADDRESS							
STREET ADDRESS			5.5 G			1						
CITY-ST-ZIP		□ DELETE	6.1 Tr								Change	☐ Addition

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.

62 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

☐ DELETE