## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28 1998 8:00am Secretary of State

| DOCUMENT # S26169 (0)  |   |                                    |                             |                 | Secretary or State  |
|--|---|------------------------------------|-----------------------------|-----------------|---|
| The displacement of the second |   |                                    |                             |                 |   |
| GREENER GARDENS OF FORT MYERS, INC.  |   |                                    |                             |                 | i inskrimer kara sina di inskrimer kara oli in indre kara oli in di skrimer oli in di skrimer oli in di skrimer |
|  |   |                                    |                             |                 |   |
| Principal Place of Business Mailing Address  |   |                                    |                             |                 | i inditiets ten tinen atiet tibbid bille ient mente andli biste minit ainti atuti findi                         |
| 417 CANTON N.E. 417 CANTON AVENUE  |   |                                    |                             |                 |   |
| LEHIGH ACRE<br>US  | S FL 33936  | US LEHIGH ACRES FL 3393            | LEHIGH ACRES FL 33936<br>US |                 | DO NOT WRITE IN THIS SPACE  |
|  |   |                                    |                             |                 | 3. Date Incorporated or Qualified   |
|  |   |                                    |                             |                 | 01/18/1991  |
| 2. Principal Place of Business   |   | 2a. Mailing Address                |                             |                 | 4. FEI Number Applied For   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                |                             |                 | 65-0237845   Not Applicable   \$8.75 Additional   |
| 22   |   | 27                                 |                             |                 | 5. Certificate of Status Desired Fee Required   |
| City & State   |   | City & State                       |                             |                 | 6. Election Campaign Financing \$5.00 May Be  |
| 23   |   | 28                                 |                             |                 | Trust Fund Contribution Added to Fees   |
| Zip  | Country   | Zip                                | Cour                        | ntry            | 8. This corporation owes or has paid the current year Intangible  |
| 24   | 9. Name and Address of Curre  | 29                                 | 30                          |                 | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent                         |
| Tru  |   | an negistered Agent                |                             | 81 Name         |   |
|  | CHERT, FRANZ<br>'CANTON AVENUE  |                                    |                             |                 |   |
|  | HIGH ACRES FL 33936   |                                    | 82 Street Add               |                 | t Address (P.O. Box Number is Not Acceptable)   |
| الملما   | HOT ACTIES TE SOSSO   |                                    | Ī                           | 83              | · · · · · · · · · · · · · · · · · · ·   |
|  |   |                                    | į                           | od City         | lan To Cod-   |
|  |   |                                    | i                           | 84 City         | FL 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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 regis agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  |   |                                    |                             |                 |   |
| agent. Lai   | egistered agent, or both, in the Statement of the obline and accept the obline                              | gations of, Section 607.0505, Fi   | orida Statu                 | ites.           | inportation's board of directors, meleby accept the appointment as registered                                   |
| SIGNATURE  |   |                                    |                             |                 |   |
| 12.  | Signature, typed or printed name of registered agent and title if applicable. (NO<br>OFFICERS AND DIRECTORS |                                    | E: Registered               | Agent signature | re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                |
| TITLE  | DPT   | DELETE                             | 1.1 111                     | LÉ              | Change Addition   |
| NAME   | TEICHERT, FRANZ   |                                    | 1.2 NA                      | ME              |   |
| STREET ADDRESS   | 417 CANTON AVENUE   |                                    | 1.3 STF                     | REET ADDRESS    |   |
| CITY - ST - ZIP  | LEHIGH ACRES FL   |                                    | 1.4 CIT                     | Y-ST-ZIP        |   |
| TITLE  | DVS   | ☐ DELETE                           | 2.1 TIT                     |                 | Change Addition   |
| NAME   | TEICHERT, JOHANNA   |                                    | 2.2 NA                      |                 |   |
| STREET ADDRESS   | 417 CANTON AVENUE   |                                    |                             | IEET ADDRESS    | ·   |
| CITY-ST-ZIP<br>TITLE   | LEHIGH ACRES FL   | DELETE                             | 2, 4 CT                     | Y-ST-ZIP        | Change Addition   |
| NAME   |   |                                    | 3.2 NA                      |                 | Criange reducin   |
| STREET ADDRESS   |   |                                    | •                           | EET ADDRESS     |   |
| CITY-ST-ZIP  |   |                                    | 1                           | Y-ST-ZIP        |   |
| TITLE  |   | DELETE                             | 4.1 TIT                     |                 | Change Addition   |
| NAME   |   |                                    | 4. 2 NA                     | ME              |   |
| STREET ADDRESS   |   |                                    | 4.3 STF                     | EET ADDRESS     |   |
| CITY-ST-ZIP  |   |                                    | 4.4 CITY-ST-ZIP             |                 |   |
| TITLE  |   | ☐ DELETE                           | 5.1 TITLE                   |                 | Change L Addition   |
| NAME   |   |                                    | 5.2 NA                      |                 |   |
| STREET ADDRESS   |   |                                    |                             | EET ADDRESS     |   |
| CITY-ST-ZIP<br>TITLE   |   | ☐ DELETE                           | 5,4 CIT<br>6,1 TITI         | Y-ST-ZIP        | Change Addition   |
| NAME   |   | <i>0</i>                           | 6.2 NA                      |                 | Grange Againer  |
| STREET ADDRESS   |   |                                    | 1                           | EET ADDRESS     |   |
| CITY-ST-ZIP  |   |                                    | 1                           | Y-ST-ZIP        |   |
|  | and the short that information assembled.   | with this filing does not mustiful |                             |                 | ted in Section 110 07(2)(i) Florida Statutos I further cortifu that the information                             |

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 an aftachment with an address.

SIGNATURE:

and of the chiral with an address.

16/93 (941)369-0012

CR2E034 (10/97)