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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S47244**

1. Corporation Name

PHYL'S GARDENS, INC.

Principal Plac	e of Business	Mailing Address			1
9421 E BROAD		9421 E BROADWAY			
ESTERO FL 33928 ESTERO FL 33928					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
2. Principal P	lace of Business	2a. Mailing Address		04/23/1991 4. FEI Number Applied F	Or
21	5, 545,1000	26		65-0264964 Not Applied P	
.Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_ \$8.75 Addition	,
22		27		5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May B	e
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	
	C. Haine and Address of Cuffe	in wadiatesen whelit	81 Name		$\overline{}$
WILLIAMSON, PHYLLIS R.		•	L	<u> </u>	
942	1 E BROADWAY		82 Street	t Address (P.O. Box Number is Not Acceptable)	
EST	ERO FL 33928		83	11-12-12-12-12-12-12-12-12-12-12-12-12-1	
			84 City	13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	118.27
			O4 City	FL 65 Zip Code	
44 Durauant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-named	d corporation submits this statement for the purpose of changing its registe	red.
office or r		of Florida, Quah shaqaa waa a	uthorized by the east		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by the corp rida Statutes.	poration's board of directors. I hereby accept the appointment as registered	
office or r	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.		_
office or r agent. I a SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flo	rida Statutes.	e required when reinstating) ?	
office or ragent. I a SIGNATURE 12.	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a comparison of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of fami	ations of, Section 607.0505, Flo	rida Statutes. Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State 02-10-1999 90077 023 ***150.00