

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 030 ***150.00

0433395

DOCUMENT # S56863

1. Corporation Name

LEAVES OF GREEN, INC.

Principal Place of Business

P.O. BOX 8084
LAKELAND FL 33802-8084
US

Mailing Address

P.O. BOX 8084
LAKELAND FL 33802-8084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1991

4. FEI Number

59-3242738

Applied For

Not Applicable

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 Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 4707 Westwind Dr
Suite, Apt. #, etc.

22 PLANT CITY, FL.
City & State

23 Zip

24 33567

Country

25 Hills.

2a. Mailing Address

26 4707 Westwind Dr
Suite, Apt. #, etc.

27 PLANT CITY, FL.
City & State

28 Zip

29 33567

Country

30 Hills

9. Name and Address of Current Registered Agent

SCOTT, MAUDE E
4707 WESTWIND DR
PLANT CITY FL 33567

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

Maude E. Scott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

128-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FT
SCOTT, MAUDE E
STREET ADDRESS 1101 MERRIN ST N
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ DELETE

NAME P
WILSON, VERNON I
STREET ADDRESS 1101 MERRIN ST N
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FT
SCOTT, MAUDE E
1.3 STREET ADDRESS 4707 WESTWIND DR.
1.4 CITY-ST-ZIP PLANT CITY, FL. 33567

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME P
WILSON - VERNON I.
2.3 STREET ADDRESS 4707 Westwind Dr.
2.4 CITY-ST-ZIP PLANT CITY, FL. 33567

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE

Maude E. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1- 20-99-813-754-1278

CR2E034 (11/98)