

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V15252 (2)

1. Corporation Name

PLANTS PERFECT, INC.



Principal Place of Business

Mailing Address

2224 45TH TERRACE SW  
NAPLES FL 33999

2224 45TH TERRACE SW  
NAPLES FL 33999

3. Date Incorporated or Qualified

02/19/1992

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 411 Tenth Ave NW

26 411 Tenth Ave NW

4. FEI Number

65-0313639

Applied For

Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

23 Naples FL

28 Naples FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

24 34120

25 USA

29 34120

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICKSON, LOUIS S.  
2301 C.R. 951  
SUITE B  
NAPLES FL 33999

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME GODDARD, WENDY A  
STREET ADDRESS 2224 45TH TERRACE SW  
CITY - ST - ZIP NAPLES FL 33999

☐ DELETE

11 TITLE ☒ Change ☐ Addition

TITLE VP  
NAME GODDARD, GREG  
STREET ADDRESS 2224 45TH TERRACE SW  
CITY - ST - ZIP NAPLES FL

☐ DELETE

12 NAME ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13 STREET ADDRESS 411 Tenth Ave NW  
14 CITY - ST - ZIP Naples FL 34120

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

21 TITLE ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

22 NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

23 STREET ADDRESS 411 Tenth Ave NW  
24 CITY - ST - ZIP Naples FL 34120

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

941-455-0717

CR2E034 (3/96)