

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 17, 1999 8:00 am  
Secretary of State

03-17-1999 90159 019 \*\*\*150.00

DOCUMENT # V32441

1. Corporation Name  
PIXLEY GREENHOUSES, INC.

Principal Place of Business

20900 HWY 44E  
EUSTIS FL 32726  
US

Mailing Address

P.O. BOX 1828  
EUSTIS FL 32727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1992

4. FEI Number

59-3120363

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIXLEY, WILLIAM C.  
436 E FIFTH AVE  
MOUNT DORA FL 32757-1486

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

WILLIAM C. PIXLEY

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D BOPP, TAMARA L. DELETE

NAME BOPP, TAMARA L.  
STREET ADDRESS 822 MINNIE  
CITY-ST-ZIP KIRKWOOD MO 63122

TITLE D BOPP, ROBERT J. JR. DELETE

NAME BOPP, ROBERT J. JR.  
STREET ADDRESS P O BOX 530  
CITY-ST-ZIP SORRENTO FL 32776-0530

TITLE P PIXLEY, THOMAS D. DELETE

NAME PIXLEY, THOMAS D.  
STREET ADDRESS P.O. BOX 1828 N/A  
CITY-ST-ZIP EUSTIS, FL 32727-1828

TITLE S PIXLEY, MARY C. DELETE

NAME PIXLEY, MARY C.  
STREET ADDRESS P.O. BOX 1828 N/A  
CITY-ST-ZIP EUSTIS, FL

TITLE D MELISSA A PIXLEY DELETE

NAME MELISSA A PIXLEY  
STREET ADDRESS P O BOX 1828  
CITY-ST-ZIP EUSTIS FL 32727-1828

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 files empowered.

SIGNATURE:

THOMAS D. PIXLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

352-589-2505

Daytime Phone #

CR2E034 (11/98)