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UBS-300

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1992

4. FEI Number
 59-3120363

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
 Personal Property Tax. Yes No

24 Zip

Country

29 Zip

Country

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 607.0605, 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 DELETE
 NAME BOPP, TAMARA L.
 STREET ADDRESS 822 MINNIE
 CITY-ST-ZIP KIRKWOOD MO 63122

1.1 TITLE Change Addition
 1.2 NAME SAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME BOPP, ROBERT J. JR.
 STREET ADDRESS P O BOX 530
 CITY-ST-ZIP SORRENTO FL 32778-0530

2.1 TITLE Change Addition
 2.2 NAME DELETE
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
 3.2 NAME SAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME SAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
 5.2 NAME SAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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 files empowered.

SIGNATURE: *THOMAS D. PIXLEY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/4/99

DAYTIME PHONE # 352-589-2505

CR2E034 (11/98)