

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-4-96

B 3100 C

DOCUMENT # 014018

(6)

1. Corporation Name

MELROSE NURSERY, INC.

Principal Place of Business

6972 W. 4 AVE.
HIALEAH FL 33014

Mailing Address

6972 W. 4 AVE.
HIALEAH FL 33014



3. Date Incorporated or Qualified
07/28/1924

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-0356195

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 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

FRITZ, JOHN CALVIN
10950 SW 27TH ST.
DAVE FL 33328

81 Name

Same

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 if not applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME FRITZ, JAMES L
STREET ADDRESS 6918 W 4 AVE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE VPD
NAME FRITZ, JEFFREY E
STREET ADDRESS 775 W 75TH ST
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE DT
NAME FRITZ, JACK S
STREET ADDRESS 15790 SW 280TH ST
CITY-ST-ZIP HOMESTEAD FL ☐ DELETE

TITLE D
NAME FLOYD, JENNIFER J.
STREET ADDRESS 14920 FOXHEATH DR.
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE PD
NAME FRITZ, JOHN CLAVIN
STREET ADDRESS 10950 SW 27 ST
CITY-ST-ZIP DAVE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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 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 607, 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

2-13-96

(305) 557-0022

Date

Daytime Phone #

CR2E034 (12/95)