

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **452136** (5)
1. Corporation Name
BERNECKER'S NURSERY, INC.



Principal Place of Business 16900 S.W. 216TH STREET GOULDS FL 33170	Mailing Address 16900 S.W. 216TH STREET GOULDS FL 33170
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/03/1974	
				4. FEI Number 59-1539969	
				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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

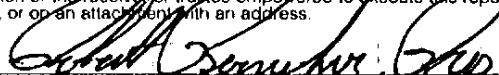
9. Name and Address of Current Registered Agent BERNECKER, ROBERT G. 16900 SW 216TH STREET GOULDS FL 33170				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	SMITH, RICHARD E	1.2 NAME	
STREET ADDRESS	16900 S.W. 216TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS, FL 0	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BERNECKER, DONALD L	2.2 NAME	
STREET ADDRESS	16900 S.W. 216TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS, FL 0	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	GRAHAM, EMIL J, JR	3.2 NAME	
STREET ADDRESS	16900 S.W. 216TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS, FL 0	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	BERNECKER, ROBERT G.	4.2 NAME	
STREET ADDRESS	16900 S.W. 216TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	GIVENS, THOMAS W.	5.2 NAME	
STREET ADDRESS	16900 S.W. 216TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  4/24/98 305 247 8527

CR2E034 (10/97)