

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Feb 26 1996 8:00 am  
Secretary of State

DOCUMENT # **670750** (9)

1. Corporation Name

**GREEN THUMB LAWN & GARDEN CENTER, INC.**



Principal Place of Business

6115 NW 77TH WAY  
TAMARAC FL 33321

Mailing Address

6115 NW 77TH WAY  
TAMARAC FL 33321

3. Date Incorporated or Qualified  
**05/21/1980**

3a. Date of Last Report  
**06/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-1999768**

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

**BIESTERFELD, JOSEPH**  
6115 NW 77TH WAY  
TAMARAC FL 33321

81 Name **John Biesterfeld**  
82 Street Address (P.O. Box Number is Not Acceptable)  
~~6115 NW 77th Way~~  
83  
84 City **TAMARAC** FL 85 Zip Code **33321**

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 *John Biesterfeld Pres.*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/20/96**  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BIESTERFELD, JOSEPH</b>	
STREET ADDRESS	<b>6115 NW 77TH WAY</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BIESTERFELD, DIANA R</b>	
STREET ADDRESS	<b>6115 NW 77TH WAY</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOHN BIESTERFELD</b>	
1.3 STREET ADDRESS	<b>6115 NW 77th Way</b>	
1.4 CITY-ST-ZIP	<b>TAMARAC, FLA 33321</b>	
2.1 TITLE	<b>V-PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOSEPH BIESTERFELD JR.</b>	
2.3 STREET ADDRESS	<b>6115 NW 77th Way</b>	
2.4 CITY-ST-ZIP	<b>TAMARAC, FLA 33321</b>	
3.1 TITLE	<b>SECRETARY - TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DIANA BIESTERFELD</b>	
3.3 STREET ADDRESS	<b>6115 NW 77th Way</b>	
3.4 CITY-ST-ZIP	<b>TAMARAC, FLA 33321</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Biesterfeld* **JOHN BIESTERFELD** **2/20/96** **305-726-0860**  
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (12/95)