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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **695017** **(4)**

1. Corporation Name
CENTRAL FLORIDA NATIVE FLORA, INC.

Principal Place of Business	Mailing Address
1000 KIEFER ROAD P O BOX 1045 SAN ANTONIO FL 33576-1045 US	1000 KIEFER ROAD P O BOX 1045 SAN ANTONIO FL 33576-1045 US

3. Date Incorporated or Qualified: 07/16/1981
3a. Date of Last Report: 04/04/1995

4. FEI Number: 59-2112733 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 33601 Kiefer Road	26 P.O. Box 1045
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 San Antonio, Fl	City & State 28 San Antonio, Fl
Zip 24 33576 Country 25	Zip 29 33576 Country 30

9. Name and Address of Current Registered Agent

LOGAN, BRIGHTMAN S.
33514 ~~1000~~ KIEFER ROAD - Box 1045
SAN ANTONIO FL 33576

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD LOGAN, BRIGHTMAN S. 33514 KEIFER RD. ~~6202 FARTHING STREET~~ P.O. BOX 1045 ~~TAMPA FL~~ SAN ANTONIO, FLA. 33576	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVD Logan, Brightman S. 33514 Kiefer Rd P.O Box 1045 San Antonio, Fl 33576	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LOGAN, NANNETTE C. 33514 KEIFER RD. ~~6202 FARTHING STREET~~ P.O. BOX 1045 ~~TAMPA FL~~ SAN ANTONIO, FLA. 33576	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD Logan, Nannette C. 33514 Kiefer Rd P O Box 1045 San Antonio, Fl 33576	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Brightman S. Logan BRIGHTMAN S. LOGAN 3/28/96 904-588-3687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #