

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H22702** (5)

1. Corporation Name

**HANSON NURSERY, INC.**



Principal Place of Business

**10650 GRIFFIN ROAD  
FT. LAUDERDALE FL 33328  
US**

Mailing Address

**5921 W. BROWARD BLVD.  
PLANTATION FL 33317**

3. Date Incorporated or Qualified  
**09/25/1984**

3a. Date of Last Report  
**04/06/1995**

4. FEI Number  
**59-2348676**

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 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSON, JAMES**

~~**645 E. CAMPUS CIRCLE**~~

~~**FORT LAUDERDALE FL 33312**~~

81 Name

**Hanson, James**

82 Street Address (P.O. Box Number is Not Acceptable)

**5921 W. Broward Blvd.**

83

84

**Plantation,**

**FL**

85

**Zip Code 33317**

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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

**Jim S. Hanson**

(Signature of Registered Agent or authorized officer)

**1-28-96**

(Date)

12. OFFICERS AND DIRECTORS

|                    |                              |                                 |
|--------------------|------------------------------|---------------------------------|
| 1. TITLE           | <b>DP</b>                    | <input type="checkbox"/> DELETE |
| 2. NAME            | <b>HANSON, JAMES</b>         |                                 |
| 3. STREET ADDRESS  | <b>5921 W. BROWARD BLVD.</b> |                                 |
| 4. CITY, ST, ZIP   | <b>PLANTATION FL</b>         |                                 |
| 5. TITLE           |                              | <input type="checkbox"/> DELETE |
| 6. NAME            |                              |                                 |
| 7. STREET ADDRESS  |                              |                                 |
| 8. CITY, ST, ZIP   |                              | <input type="checkbox"/> DELETE |
| 9. TITLE           |                              |                                 |
| 10. NAME           |                              |                                 |
| 11. STREET ADDRESS |                              |                                 |
| 12. CITY, ST, ZIP  |                              | <input type="checkbox"/> DELETE |
| 13. TITLE          |                              |                                 |
| 14. NAME           |                              |                                 |
| 15. STREET ADDRESS |                              |                                 |
| 16. CITY, ST, ZIP  |                              | <input type="checkbox"/> DELETE |
| 17. TITLE          |                              |                                 |
| 18. NAME           |                              |                                 |
| 19. STREET ADDRESS |                              |                                 |
| 20. CITY, ST, ZIP  |                              | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           |                                                                   |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE           |                                                                   |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE          |                                                                   |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE          |                                                                   |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

**Jim S. Hanson**

(Signature and Typed or Printed Name of Signing Officer or Director)

**1-28-96**

(Date)

(Signature of Officer or Director)

CR2E034 (12/95)