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

DOCUMENT # **H31059** **(9)**

1. Corporation Name

SANDS NURSERY AND LANDSCAPE, INC.

Principal Place of Business	Mailing Address
~~9832 HAPPY HOLLOW RD.~~ 9832 HAPPY HOLLOW RD. DELRAY BCH. FL 33446 US	9832 HAPPY HOLLOW RD. DELRAY BCH. FL 33446 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/20/1984**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **59-2505215** ☐ 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

SANDS, JEFF G.
9832 HAPPY HOLLOW RD.
DELRAY BCH. FL 33446

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 (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent must sign for each address listed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE	P V	☐ Change ☑ Addition
NAME	SANDS, SALLY LEE		1.2 NAME	Jeff G. Sands	
STREET ADDRESS	9832 HAPPY HOLLOW RD		1.3 STREET ADDRESS	9832 Happy Hollow Road	
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDS, SALLY LEE		2.2 NAME		
STREET ADDRESS	9832 HAPPY HOLLOW RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANDS, CHARLES T.		3.2 NAME		
STREET ADDRESS	701 NE 13TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Sally Lee Sands Sally Lee Sands 3/1/96 407-391-1603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #