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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N08622 (5)

1. Corporation Name

HEATHCOTE BOTANICAL GARDENS, INC.

Principal Place of Business	Mailing Address
210 SAVANNAH RD FORT PIERCE FL 34982	210 SAVANNAH RD FORT PIERCE FL 34982-3447

3. Date Incorporated or Qualified: 04/10/1985
3a. Date of Last Report: 02/02/1996

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

4. FEI Number: 59-2567218 ☐ 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**

FOWLER, MICHAEL D.
300 S 6 ST
FORT PIERCE FL 34950

10. **Name and Address of New Registered Agent**

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable): 2940 S. 25th Street
83
84 City: FL 85 Zip Code: 34981

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	PS	☐ Change ☒ Addition
NAME	MOORE, GLORIA		1.2 NAME	Jan Lein	
STREET ADDRESS	3315 N. INDIAN RIVER DR.		1.3 STREET ADDRESS	2927 N. Indian River Drive	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	FT. Pierce, Fl 34946	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, LAURA L.		2.2 NAME		
STREET ADDRESS	1017 JAMAICA AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERG, PEGGY W.		3.2 NAME		
STREET ADDRESS	3401 S. INDIAN RIVER DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASSENS, NORMA		4.2 NAME		
STREET ADDRESS	1581 S JENKINS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		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		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma F. Cassens NORMA F. CASSENS 1/16/97 464-4672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071527