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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000042774 (6) **DOCUMENT #**

TOP NOTCH NURSERY, INC.

Principal Place of Business

Mailing Address



15721 SW 254 ST. HOMESTEAD FL 33031			15721 SW 254 ST. HOMESTEAD FL 33031						
						3. Date Incorporated or Qualified 06/02/1995	3a. Date of	of Last I	Report
. Principal Pla	ce of Business	2a. Mailing Addr	ess			4. FEI Number			Applied For
]		26				65-0589627	7		Not Applicable
	Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	Dity & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country 25	30	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre	ent Registered Agent		-		10. Name and Address of New F	Registered A	gent	
				81	Name				
	R ASSOCIATES, P.A. BAYSHORE DR, SUITE 2702		6:		Street Address (P.O. Box Number is Not Acceptable)				
MIAMI I	FL 33131-4900				_			1221	
				84	City		FI.	85 2	Zip Code
IGNATURE	Signature, typical or printed manifeld registered age OFFICERS Al	oca o tribil applicable. ND DIRECTORS	(NOTE Register		t signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIRECT	ORS IN 12
<u>z.</u> 11.f	n Of Foliasia	□ DEL		1 TITLE	1	ADDITIONS OF ANGEO TO SEE		Change	
AME	OGDEN, FRANKLIN			NAME					
REET ADDRESS	15721 SW 254 ST.				ADDRESS				
	HOMESTEAD FL 33031			1 CITY-S					
N Strym.	110/1/2012/10 12 00001	[□] DEL		1 TITLE				Change	Addition
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ME REET ADDRESS 1Y-S1_ZIP L.E		□ DEL	23 24 FTE 3	STREET			·) Change	Addition
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certry that the information influence on this arritide report of suppliering an absolute strip accurate and that my signature shall have the same edge effect as if made the cattle that I am an officer or director of the corporation or the receiver of more 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 andress.

SIGNATURE