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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 452136

(5)

1. Corporation Name

BERNECKER'S NURSERY, INC.

Principal Place of Business

16900 S.W. 216TH STREET
GOULDS FL 33170

Mailing Address

16900 S.W. 216TH STREET
GOULDS FL 33170-1809



3. Date Incorporated or Qualified
07/03/1974

3a. Date of Last Report
02/08/1996

4. FEI Number
59-1539969

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BERNECKER, ROBERT G.
16900 SW 216TH STREET
GOULDS FL 33170

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD E	
STREET ADDRESS	16900 S.W. 216TH ST	
CITY-ST-ZIP	GOULDS, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNECKER, DONALD L	
STREET ADDRESS	16900 S.W. 216TH ST	
CITY-ST-ZIP	GOULDS, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAHAM, EMIL J, JR	
STREET ADDRESS	16900 S.W. 216TH ST	
CITY-ST-ZIP	GOULDS, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNECKER, ROBERT G.	
STREET ADDRESS	16900 S.W. 216TH ST.	
CITY-ST-ZIP	GOULDS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GIVENS, THOMAS W.	
STREET ADDRESS	16900 S.W. 216TH ST.	
CITY-ST-ZIP	GOULDS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE

[Signature]

4/14/97

(305) 242-8527

CP2E034 (9/96)