

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 # 118962 (0)

1. Corporation Name

BOYNTON NURSERIES INC



Principal Place of Business

4521 PARKER AVE  
WEST PALM BEACH FL 33405-2801  
US

Mailing Address

4521 PARKER AVE  
WEST PALM BEACH FL 33405-2801  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STURROCK, JAMES D, JR

~~259 MERRAIN RD~~  
PALM BEACH, FL  
33480

141 Seaview Ave.

3. Date Incorporated or Qualified

01/14/1929

3a. Date of Last Report

04/21/1995

4. FEI Number

59-0171802

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

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS STURROCK, ALICE  
CITY-STATE-ZIP 141 SEAVIEW AVE  
PALM BEACH FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS STURROCK, JAMES D, JR  
CITY-STATE-ZIP 259 MERRAIN RD  
PALM BEACH, FL 00000

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS HORNER, ROBERT R. JR.  
CITY-STATE-ZIP 441 N COUNTRY CLUB RD  
ATLANTIS FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS WYGANT, SANDRA S  
CITY-STATE-ZIP 236 SUDBURY DR.  
ATLANTIS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☒ Change ☐ Addition  
2.1 TITLE PD  
2.2 NAME James D. Sturrock, Jr.  
2.3 STREET ADDRESS 141 Seaview Ave.  
2.4 CITY-STATE-ZIP Palm Beach, FL 33480

☐ Change ☐ Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☒ Change ☐ Addition  
4.1 TITLE SD  
4.2 NAME Sandra S. Wygant  
4.3 STREET ADDRESS 1745 Flagler Manor Circle  
4.4 CITY-STATE-ZIP West Palm Beach, FL 33411

☐ Change ☐ Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

Date:

407-655-5900

Daytime Phone #

CR2E034 (12/95)