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Apr 02 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 # 150309

(3)

1. Corporation Name

BLASER'S NURSERIES, INC.

Principal Place of Business

3250 TALLEVAST RD
TALLEVAST FL 34270
US

Mailing Address

P.O. BOX 118
TALLEVAST FL 34270-0118
US



3. Date Incorporated or Qualified

03/06/1947

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-0573472

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

10. Name and Address of New Registered Agent

BLASER, JOHN A
1315 QUAIL DRIVE
SARASOTA FL 34231

81 Name Blaser, Patricia

82 Street Address (P.O. Box Number is Not Acceptable)
1315 Quail Dr.

83

84 City Sarasota

FL

85 Zip Code 34231

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

Patricia Blaser Patricia Blaser

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BLASER, JOHN A.
STREET ADDRESS 1315 QUAIL DR.
CITY-ST-ZIP SARASOTA FL
☐ DELETE

TITLE D
NAME JOHNSON, ROBERT
STREET ADDRESS 27 SOUTH ORANGE AVE
CITY-ST-ZIP SARASOTA FL
☐ DELETE

TITLE S
NAME BOYETTE, ROBERT
STREET ADDRESS 3250 TALLEVAST RD
CITY-ST-ZIP TALLEVAST FL
☐ DELETE

TITLE T
NAME BLASER, PATRICIA
STREET ADDRESS 1315 QUAIL DR
CITY-ST-ZIP SARASOTA FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Blaser, Patricia
1.3 STREET ADDRESS 1315 Quail Dr.
1.4 CITY-ST-ZIP SARASOTA FL 34231
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

4.1 TITLE T
4.2 NAME Boyette, Robert
4.3 STREET ADDRESS 3250 TALLEVAST RD
4.4 CITY-ST-ZIP TALLEVAST FL
☒ Change ☐ Addition

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

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

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:

Robert J Boyette

3/13/97

941 351 3457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)