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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 150309

1. Corporation Name

BLASER'S NURSERIES, INC.

•											
Principal Place	e of Business	Mailing Address									
3250 TALLEVAS	ST RD	P.O. BOX 118									
TALLEVAST FL 34270 TALLEVAST FL 34270								DO NOT W	RITE IN THIS	SDACE	
US		US				2	Date Incorpor			OF ACE	
						3.	03/06/194		00		
2 Principal D	lace of Business	2a. Mailing Address				4.	FEI Number	*			Applied For
21 21	iace of business	26				"	59-057347	2			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								\$8.75	Additional
22	.,	27				5.	Certificate of S	Status Desired		Fee F	Required
City & State	e _	City & State				6.	Election Cam	paign Financir	را∟ قر	\$5.0	ےر May Be
23		28					Trust Fund Co	ontribution	<u></u>	Added	to Fees
Zip	Country	Zip	Cou	intry		8.	This corporati	on owes the c	uπent year In	_	_
24	25	29	30				Personal Proj			☐ Yes	No
	9. Name and Address of Curren	nt Registered Agent		ļ.,		10.	Name and A	ddress of Nev	w Registered	Agent _	
01.46	OFD JOUN A			81	Name						
	SER, JOHN A			82	Street A	ddress (F	O. Box Numb	er is Not Acce	eptable)		
	OUAIL DRIVE			Ш							
SAH	ASOTA FL 34231			83							
				84	City	·				85 Zij	o Code
					•				FL		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Stat	utes, the a	bove-	named o	corporation	n submits this : pard of director	statement for t	the purpose of cept the appo	f changing i intment as	ts registered registered
oπice or n agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes.	ie corpo	iation 3 bt	Data of director	a. (norob) do	оор. с.о арро		
i											
SIGNATURE		•									
SIGNATURE	Signature, typed or printed name of registered ager		TE: Registered	Agent :	signature re			UANOSS TO	DATE	ND DIRECT	FORCINI 12
12.	OFFICERS AN	ID DIRECTORS	13.		signature re		reinstating) ADDITIONS/C	HANGES TO			
12.	OFFICERS AN		13. 1,1 TI	TLE	signature re			HANGES TO		ND DIRECT	
12. TITLE NAME	PD BLASER, PATRICIA	ID DIRECTORS	13. 1.1 TI 1.2 N	TLE AME				HANGES TO			
12.	PD BLASER, PATRICIA 1315 QUAIL DR.	ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET A	ADDRESS			HANGES TO			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD BLASER, PATRICIA 1315 QUAIL DR. SARASOTA FL	ID DIRECTORS	13. 1.1 TI 12 N 1.3 S 1.4 C	TLE AME TREET A	ADDRESS			HANGES TO		☐ Chang	e
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BLASER, PATRICIA 1315 QUAIL DR. SARASOTA FL D JOHNSON, ROBERT	ID DIRECTORS	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N	TLE AME TREET A ITY-ST- TLE AME	adoress Zip			HANGES TO		☐ Chang	e
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (41/98)-