SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:10

DOCUMENT # 232252 (7)

1. Corporation Name
SHAW NURSERY AND LANDSCAPE COMPANY

Principal Place of Business	Mailing Address
8510 SW 57 AVE. MIAMI FL 33143-8201	8510 SW 57 AVE. MIAMI FL 33143-8201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1960
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-0698143 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAW,JOSEPH C
8510 SW 57TH AVE
MIAMI FL 33143

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SHAW,JOSEPH
STREET ADDRESS	8510 SW 57 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	SHAW, VIRGINIA
STREET ADDRESS	8510 SW 57 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	SHAW, ROBERT
STREET ADDRESS	8601 SW 161 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

		Change	Addition
1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐	☐
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐	☐
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐	☐
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐	☐
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐	☐
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-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)(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] JOSEPH SHAW 6-27-95 305-666-4616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/95)

0047323 CP