

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90029 036 ***150.00

DOCUMENT # 232252

1. Corporation Name

SHAW NURSERY AND LANDSCAPE COMPANY

Principal Place of Business

8510 SW 57 AVE.
MIAMI FL 33143-8201

Mailing Address

8510 SW 57 AVE.
MIAMI FL 33143-8201

THIS ABOVE ADDRESS WILL CHANGE 6-1-99

2. Principal Place of Business

21 7990 SW 112 ST

Suite, Apt. #, etc.

22

City & State

23 MIA FLA

Zip

24 33156

Country

2a. Mailing Address

26 MIA

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/18/1960

4. FEI Number

59-0896143

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

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

CHANGE
6-1-99

10. Name and Address of New Registered Agent

81 Name

SHAW, JOSEPH C

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

7990 SW 112 ST

83

MIA FLA

84 City

FL

85 Zip Code

33156

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 PTD ☐ DELETE

NAME SHAW, JOSEPH
STREET ADDRESS 8510 SW 57 AVE
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME SHAW, VIRGINIA
STREET ADDRESS 8510 SW 57 AVE
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME SHAW, ROBERT
STREET ADDRESS 8601 SW 181 STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☐ Change ☐ Addition

1.2 NAME SHAW, JOSEPH
1.3 STREET ADDRESS 7990 SW 112 ST
1.4 CITY-ST-ZIP MIA - FLA

2.1 TITLE SD ☐ Change ☐ Addition

2.2 NAME SHAW, VIRGINIA
2.3 STREET ADDRESS 7990 SW 112 ST
2.4 CITY-ST-ZIP MIA - FLA

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME SHAW, ROBERT
3.3 STREET ADDRESS 8601 SW 58 AVE
3.4 CITY-ST-ZIP SO. MIA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)