FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 275110 (5)

1. Corporation Name
LANTANA NURSERY & LANDSCAPE COMPANY, INC.

Principal Place of Business	Mailing Address
1612 S. DIXIE HWY. LAKE WORTH FL 33460	P.O. BOX 3787 LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1963
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-1025873 ☐ 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

METZ JR,JAMES W
1612 S. DIXIE HWY.
LAKE WORTH FL 33460

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	VD
NAME	METZ, WILLIAM S
STREET ADDRESS	1612 S. DIXIE HWY.
CITY ST ZIP	LAKE WORTH FL 33460
TITLE	DTP
NAME	JAMES W. METZ, JR.
STREET ADDRESS	1612 S. DIXIE HWY.
CITY ST ZIP	LAKE WORTH FL 33460
TITLE	SD
NAME	CHARLENE STIMELY
STREET ADDRESS	2553 S. W. 10TH CT.
CITY ST ZIP	BOYNTON BCH, FL 33426
TITLE	SD
NAME	STIMELY, CHARLENE N
STREET ADDRESS	2553 S W 10TH CT
CITY ST ZIP	BOYNTON BCH, FL 33435
TITLE	P
NAME	METZ, JAMES W.,JR.
STREET ADDRESS	2611 S.SEACREST BLVD.
CITY ST ZIP	BOYNTON BCH. FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY ST ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY ST ZIP	
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 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: Charlene Stimely CHARLENE STIMELY Secretary 4/29/95 407-736-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430762 FP