

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 317345 (7)

1. Corporation Name

SHORE ACRES NURSERY, INC.



Principal Place of Business

6877 NASSAU
ORLANDO FL 32822-7121
US

Mailing Address

6877 NASSAU AVE
ORLANDO FL 32822-7121
US

3. Date Incorporated or Qualified
05/30/1967

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1168226

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

MITCHELL JR, R D
701 PADGETT CT
ORLANDO FL 32839

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

Signature of principal officer or director or registered agent

Signature of Registered Agent (signature to be printed and dated)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME MITCHELL JR, ROBERT D
STREET ADDRESS 701 PADGETT CT
CITY-STATE-ZIP ORLANDO, FL 00000 ☐ DELETE

TITLE TD
NAME WORLEY, ROWENA H
STREET ADDRESS 701 PADGETT CT
CITY-STATE-ZIP ORLANDO, FL 00000 ☐ DELETE

TITLE VD
NAME BOUCK, JOHN B
STREET ADDRESS 6877 NASSAU
CITY-STATE-ZIP ORLANDO, FL 00000 ☒ DELETE

TITLE SD
NAME MITCHELL, HELEN W
STREET ADDRESS 701 PADGETT CT
CITY-STATE-ZIP ORLANDO, FL 00000 ☐ DELETE

TITLE CPA
NAME MALOY, J. RICK
STREET ADDRESS 5307 JESSAMINE LANE
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

TITLE VS
NAME STEVENS, ELIZABETH M.
STREET ADDRESS 4410 FLAGG STREET
CITY-STATE-ZIP ORLANDO FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP IN CHARGE OF HERBS
1.2 NAME ROBYN M. BAZEMORE
1.3 STREET ADDRESS 1421 WALTHAM AVE.
1.4 CITY-STATE-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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

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

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:

Robert D. Mitchell Jr.
Robert D. Mitchell Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96 407-2731922
Daytime Phone

CR2E034 (12/95)