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 # **340851** **(5)**

1. Corporation Name

ARCHIE HAMLIN NURSERY, INC.

Principal Place of Business	Mailing Address
420 7TH AVENUE N.E. P.O. BOX 277 RUSKIN FL 33570	420 7TH AVENUE N.E. P.O. BOX 277 RUSKIN FL 33570

3. Date Incorporated or Qualified: **01/29/1969**
3a. Date of Last Report: **01/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1280226** 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

FAGOT, CAROL
420 7TH AVE N E
RUSKIN FL 33570

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 Section 607.0502 and 607.1502, Florida Statutes, the foreign corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such foreign corporation is qualified to do business in Florida and, if its application for registered agent is accepted, the address of the registered office and the address of the registered agent will be identical. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	FAGOT, ARCHIE DAVID		1 NAME	
STREET ADDRESS	420 NE 7TH AVE		1 STREET ADDRESS	
CITY ST ZIP	RUSKIN FL		1 CITY ST ZIP	PT FAGOT, ARCHIE DAVID 420 - 7th AV., N.E. RUSKIN, FL 33570
TITLE	D	☐ DELETE	2 TITLE	☒ Change ☒ Addition
NAME	FAGOT, CAROL		2 NAME	
STREET ADDRESS	420 N.E. 7TH AVE.		2 STREET ADDRESS	
CITY ST ZIP	RUSKIN FL		2 CITY ST ZIP	VP CHRIS GRAMLING 420 - 7th AV., N.E. RUSKIN, FL 33570
TITLE	VS	☐ DELETE	3 TITLE	☒ Change ☐ Addition
NAME	FAGOT, CHRIS		3 NAME	
STREET ADDRESS	420 NE 7TH AVE		3 STREET ADDRESS	
CITY ST ZIP	RUSKIN FL		3 CITY ST ZIP	SEC.-Director FAGOT, CAROL 4040 - 30th ST., S.E. RUSKIN, FL 33570
TITLE		☐ DELETE	4 TITLE	☐ Change ☒ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY ST ZIP			4 CITY ST ZIP	D BUZBEE, WILLIAM 1714 MERIDIAN ST. RUSKIN, FL 33570
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY ST ZIP			5 CITY ST ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY ST ZIP			6 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate. I further certify that the information indicated on this report or supplemental 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 Blocks 12 or Blocks 13 if changed, added or deleted.

SIGNATURE: Carol Fagot, Sec. 3/26/96 813645-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number