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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:20

DOCUMENT # **483681** **(3)**

1. Corporation Name
GARDEN ARTS NURSERY, INC.

Principal Place of Business	Mailing Address
1921 W. LAKE BRANTLEY ROAD LONGWOOD FL 32779	1921 W. LAKE BRANTLEY ROAD LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/02/1975**
3a. Date of Last Report: **06/07/1994**

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

4. FEI Number: **59-1618579** ☐ 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

KLINGER SR, PAUL E
1980 WEST LAKE BRANTLEY ROAD
LONGWOOD FL 32779

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KLINGER, PAUL E JR	12 NAME	
STREET ADDRESS	813 SILVERSMITH CRCL.	13 STREET ADDRESS	
CITY ST ZIP	LK.MARY FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KLINGER, REGINA C	22 NAME	
STREET ADDRESS	1980 W LAKE BRANTLEY RD	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD, FL 00000	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KLINGER, JOHN P	32 NAME	
STREET ADDRESS	239 CAMBRIDGE DR	33 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	KLINGER, WILLIAM L.	42 NAME	
STREET ADDRESS	585 MOURNING DOVE CIR.	43 STREET ADDRESS	
CITY ST ZIP	LAKE MARY FL	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	KLINGER, DANIEL J.	52 NAME	
STREET ADDRESS	1729 BLACKMON CT.	53 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KLINGER, PAUL E., SR.	62 NAME	
STREET ADDRESS	1980 W. L.K. BRUNTLEY RD	63 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	64 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: Treasurer 5-24-95 407/869-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
William E. Klinger

0044068 CP