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 # **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

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

3. Date Incorporated or Qualified: **09/02/1975**	3a. Date of Last Report: **05/31/1995**
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 Section 607.0505 and 607.1505, Florida Statutes, the above named entity 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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KLINGER, PAUL E JR	
STREET ADDRESS	813 SILVERSMITH CRCL.	
CITY-ST-ZIP	LK.MARY FL	
TITLE	D	☐ DELETE
NAME	KLINGER, REGINA C	
STREET ADDRESS	1980 W LAKE BRANTLEY RD	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	S	☐ DELETE
NAME	KLINGER, JOHN P	
STREET ADDRESS	239 CAMBRIDGE DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	☐ DELETE
NAME	KLINGER, WILLIAM L.	
STREET ADDRESS	585 MOURNING DOVE CIR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VP	☐ DELETE
NAME	KLINGER, DANIEL J.	
STREET ADDRESS	1729 BLACKMON CT.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	☐ DELETE
NAME	KLINGER, PAUL E., SR.	
STREET ADDRESS	1980 W. L.K. BRUNTLEY RD	
CITY-ST-ZIP	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — DATE

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	1620 BEAR CROSSING	
5-4 CITY-ST-ZIP	APOPKA, FLORIDA 32703	
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. 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 above, or on an attached sheet, with my name and address.

SIGNATURE: WILLIAM L. KLINGER, TREASURER 3-28-96 407-869-1486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #