

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 17 AM 10:29

DOCUMENT # **518522** (8)  
1. Corporation Name  
**FLOWERTREE NURSERY, INC.**

Principal Place of Business Mailing Address  
**37921 FLOWERTREE LANE** **37921 FLOWERTREE LANE**  
**GRAND ISLAND FL 32735** **GRAND ISLAND FL 32735**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/10/1976** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-1701635** 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

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

9. Name and Address of Current Registered Agent  
**KING, IVY J.**  
**13041 FISH CAMP RD**  
**GRAND ISLAND FL 32735**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**38437 Yale Circle**  
83.  
84. City **Leesburg** FL 85. Zip Code **34788**

11. Pursuant to the provisions of Sections 607.0507 and 607.1608, 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 607.1505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3-13-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>HAWKINS, KAY</b>
STREET ADDRESS	<b>37941 FLOWERTREE LANE</b>
CITY - ST - ZIP	<b>GRAND ISLAND FL</b>
TITLE	<b>P</b>
NAME	<b>KING, IVY J.</b>
STREET ADDRESS	<b>13041 FISH CAMP RD</b>
CITY - ST - ZIP	<b>GRAND ISLAND FL</b>
TITLE	<b>VPS</b>
NAME	<b>CARTER, KELLY</b>
STREET ADDRESS	<b>1445 MORNINGSIDE DR</b>
CITY - ST - ZIP	<b>MT DORA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>38437 Yale Circle</b>
2.4 CITY - ST - ZIP	<b>Leesburg, FL 34788</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 its attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/13/95** **904-357-5860**