## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 609843

(8)

COUNTRY JOE'S NURSERY, INC.

Principal Place of Business Mailing Address	
The state of the s	

FILED
Apr 16 1997 8:00am
Secretary of State

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Principal Place of Business  9177 LAWRENCE RD.  9177 LAWRENCE RD.  90177 LAWRENCE RD.					3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1979 03/25/1996				
$\overline{}$	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For	
21 Suite Ant	# olo	26				59-1889636		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, c 22 27			и. #, C(C.	5. Certificate of Status Desired See Required \$8.75 Additiona					
City & Stat	City & S	City & State			6. Election Campaign Financing \$5.00 May Be				
23	Courter	28		Countr		Trust Fund Contribution		led to Fees	
24	Zip Country Zip			Country 30]	Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24]	25 g. Name and Address of Cui	29 rrent Registered Ag		7 108		10. Name and Address of New Re			
FN	GLERT, DAVID M.			81	Name				
917	7 LAWRENCE ROAD			82	Street Ad	ldress (P.O. Box Number is Not Acceptab	le)		
80	YNTON BCH FL 33436-9656			83					
				84	City		<b>—.</b> 85	Zip Code	
					(7)(3		FL   °	in code	
agent. I a SIGNATURE	im familiar with, and accept the of	bligations of, Section	607.0505, Flori	ida Statutes	S.	ration's board of directors. Fhereby acceptained when relistains)	DAJE		
12.	PVSD		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
NAME	ENGLERT, DAVID		_ v	1.2 NAME			L. Onc.	ige	
STREET ADDRESS	9177 LAWRENCE ROAD			1.3 STREET	ANDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 3343			1.4 CHY+S	SI - Z(P			J	
TITLE	T	Į	DELETE	2 1 1/1LE	-		Chan	ge 🔲 Addition	
NAME	ENGLERT, DAVID			2.2 NAME					
STREET ADDRESS	9177 LAWRENCE RD	20		23 STREET					
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 3343		DELETE	2 4 GHY-5 3 1 10 LF	ST - 7(P		Chan	ge Addition	
NAME		L.	PETER	3 2 NAME	-			a^ F Vanutinii	
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4 CITY-5					
TITLE			DELETE	4.1 TOLE			Chan	ge Addition	
NAME				4. 2 NAME				ļ	
STREET ADDRESS				4 3 STREET	ADDRESS				
CITY-ST-ZIP			T section.	4.4 CITY - S	I-7P		· · · · · · · · · · · · · · · · · · ·		
TITLE		L	DELLTE	5.1 THE			☐ Chan	ge Addition	
NAME				5.2 NAME				ļ	
STREET ADDRESS				5.3 STREET	1			İ	
CITY-ST-ZIP TITLE		···	DELETE	5.4 CITY-S 6.1 TITLE	11- ZIP	· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition	
NAME		ι.		62 NAME			L1 0:1011	8° C Madition	
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CHY-S					
	<del> </del>			-					

I do hereby certify that the information supplied with this tilting 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 truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if already on an attachment with an address.