# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 PM 2:21

DOCUMENT # **644632** (2)

1. Corporation Name
**SPANISH RIVER NURSERY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8571 156TH CT., S.<br>DELRAY BEACH FL 33446 | 8571 156TH CT., S.<br>DELRAY BEACH FL 33446 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/08/1979 | 3a. Date of Last Report: 03/01/1994 |
| 4. FEI Number: 59-1941192 | ☐ 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 |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 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 / County 25 | Zip 29 / County 30 |

**9. Name and Address of Current Registered Agent**

ESPINOSA, FERMIN
5551 JOHNSON ROAD
POMPANO BEACH FL 33067

**10. Name and Address of New Registered Agent**

81 Name: Harry Espinosa
82 Street Address (P.O. Box Number Is Not Acceptable): 9405 Listow Terrace
83
84 City: Boynton Beach FL 85 Zip Code: 33437

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: Harry Espinosa P/T
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | P/T | ☒ Change ☐ Addition |
| NAME | ESPINOSA, FERMIN Delete | 12 NAME | Harry Espinosa | |
| STREET ADDRESS | 5551 JOHNSON RD | 13 STREET ADDRESS | 9405 Listow Terrace | |
| CITY ST ZIP | POMPANO BEACH, FL 00000 | 14 CITY ST ZIP | Boynton Beach, FL 33437 | |
| TITLE | VD | 21 TITLE | V/S | ☒ Change ☐ Addition |
| NAME | ESPINOSA, HARRY | 22 NAME | Rodney Espinosa | |
| STREET ADDRESS | 9405 LISTOW TERR | 23 STREET ADDRESS | 5551 Johnson Road | |
| CITY ST ZIP | BOYNTON BEACH, FL 00000 | 24 CITY ST ZIP | Pompano Beach, FL 33067 | |
| TITLE | TD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | ESPINOSA, RODNEY Delete | 32 NAME | | |
| STREET ADDRESS | 5551 JOHNSON RD | 33 STREET ADDRESS | | |
| CITY ST ZIP | POMPANO BEACH, FL 00000 | 34 CITY ST ZIP | | |
| TITLE | SD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | ESPINOSA, PERLA Delete | 42 NAME | | |
| STREET ADDRESS | 5551 JOHNSON RD | 43 STREET ADDRESS | | |
| CITY ST ZIP | POMPANO BECH FL | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 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)(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 an attachment with an address.

**SIGNATURE:** Harry A Espinosa 3.9.95 407.499.8243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203381 CF