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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 650684

(4)

SMITH'S NURSERY, INC.

SIGNATURE:

Principal Place of Business Mailing Address						
8801 BOGGY CREEK ROAD RT 1 BOX 101 ORLANDO FL 32824		9801 BOGGY CREEK ROAD RT 1 BOX 101 ORLANDO FL 32824-8722			·	
					3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21		26	26		59-1965619 Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23 Carota		28			Trust Fund Contribution	
Zip			Country	<i>y</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Y Yes No	
24	25 9. Name and Address of Curre	[29] [30]			Florida Statutes X Yes LJ No 10. Name and Address of New Registered Agent	
CM	TH, IRVIN LARRY	110310101011	81	Name	10, Carrie and reasons as most magnetical education	
	1 BOGGY CREEK ROAD					
	1 BOX 101		62	Street Addr	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32824			83			
UNLANDO PE 32024						
			B4	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508 Florida Sta	tutes, the abov	e-named corp		
office or i agent. La	registered agent, or both, in the Stat am familiar with, and accept the oblid	e of Florida. Such change wa gations of, Section 607.0505.	s authorized by Florida Statute	y the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE		g-nerre eri weener eer reees.			•	
SIGNATORE	Signature hypodical panelal name of registered as	gent and title it applicable (N	iOTE: Registered Ag	ent signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	[] DELETE	1.1 TITLE		Change Addition	
NAME	SMITH, IRVIN LARRY		1.2 NAME		ϵ	
STREET ADDRESS	4500 LAKE GEM CIR.			T ADDAESS		
CITY - ST - ZIP	ORLANDO, FL 00000 1.4 CITY-ST-ZIP DELETE 2.1 TiTLE		ST-ZIP	T 0		
TITLE		L DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS						
TITLE		DELETE	2 4 CHY- 31 TITLE	SI-ZIP	Change Addition	
NAME		E DELETE	32 NAME		La Orange La Nutritoti	
STREET ADDRESS				T ADDRESS		
CITY+ST-ZIP			3.4. CITY -			
TITLE		DELETE	4.1 TITLE	U. EII	☐ Change ☐ Addition	
NAME		_	4 2 NAME		• •	
STREET ADDRESS		* + ·-	4.3 STREET	T ADDRESS		
CITY - ST - ZIP	<u> </u>		4.4 CITY - 5			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET	T ADDRESS		
CHTV - \$1 - 71 ²			5.4 CITY - 9	ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			62 NAME			
STREET ADDRESS			63 STREET	T ADDRESS		
CITY - ST - ZIP	<u> </u>	- 10 at 10	6.4 CITY+5			
 14. I do here informatic 	by certify that the information suppli- on indicated on this annual report or	ed with this filing does not qui supplemental annua! report i	ality for the exe s true and acci	emption stated urate and that	d in Section 119.07(3)(i), Florida Statutes. I further certify that the t my signature shall have the same legal effect as if made under oath; that	
Lam an c appears	officer or climator of the corporation of in Block 12 or Block 13 if changed,	or the resciver or truslee emp of on an altachmen with an a	owered to execudoress.	cute this repor	rt as required by Chapter 607, Florida Statutes; and that my name	

NO OFFICER OR DIRECTOR