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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 670750

(9)

GREEN THUMB LAWN & GARDEN CENTER, INC.

Principal Place of Business

Mailing Address

6115 NW 77TH WAY TAMARAC FL 33321 6115 NW 77TH WAY TAMARAC FL 33321 FILED Feb 26 1996 8:00 am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

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2.	Principal Pia	ice of Busines	s	2a. N	Mailing Address	s			4, FEIN					Applied For
21	1			26	26					59-1999768				Not Applicable
.	Suite, Apt. #, etc.				Suite, Apt. #, etc.					ficate of Status	Docirod		\$8.75	Additional
22	22			27	27				3 . Ceru	incate of Status	DOSILOU	K	Fee	Required
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23				28					Trust	t Fund Contribu	tion			d to Fees
	Zιp		Country	Ž	⁷ ip		Country		8. This	corporation has	liability for in	tangible tax	cunder s	199.032,
24			5	29		30			Florid	da Statutes	Yes	No.		
		9. Name a	ind Address of Curre	nt Registe	red Agent		Ι.,		10. Nam	ne and Addres	s of New Re	gistered A	gent	
						Name Tal	~ Z.:	امكممل	À					
BIESTERFELD, JOSEPH								Street Address		XTCATELI OX Number is No		<u></u>		
6115 NW 77TH WAY										GIIS N				-
TAMARAC FL 33321 83														
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							84	City The	nara	۲.		FL	85 Z	2 2 2 1 2 2 2 1
11	. Pursuant to	o the provision	ns of Sections 607.0502	2 and 607.	1508. Florida S	Statutes, the	above-n	amed corporat	ion submit	s this statemen	t for the num	ose of char	noino its i	registered office
	or registere	ed agent, or b	oth, in the State of Flori	da. Such c	hange was au	thorized by ti	ne corpo	oration's board	of director	rs. I hereby acc	ept the appoi	ntment as i	egistered	l agent. I am
		Λ .	the obligations of, Sec	<i>-</i> /)		สเนเชิร์.						3/ 1		
Si	GNATURE _	Jalan. Samuris tseat or	priuted namie of regist al agon	t and title Laps	Ko.	(NOTE: Banis)	ered Anon	t signature required v	then reinstating			<u> 429</u>	74	
12		₩	OFFICERS AN				3.	. agratus regalies t		TIONS/CHANG	ES TO OFFIC	ERS AND	DIRECTO	PS IN 12
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		TAMARA												
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Cit	Y - \$1 - ZIP					6	4 CITY-ST	- ZIP						
14	. Edo hereby	certify that th	ne information supplied	with this file	ing is voluntaril	y furnished a	nd does	not qualify for	the exemp	otion stated in S	Section 119.0	7(3)(k), Flori	da Statut	es. I further
	oath; that I	ani an officer	in indicated on this anni or director of the corpo Block 13 if changed, or i	oration or th	he receiver or t	trustee empo	wered t	e and accurate o execute this r	and that report as n	rry signature shi equired by Char	all have the sapter 607, Flori	ame legal e ida Statute	mect as if s; and the	made under at my name

SIGNATURE

SIN ATURE AND TYP

TYPED OR PRINTED NAME

JOHN BIETTERFOUND

2/20/96

305-724-0860