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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:02

DOCUMENT # **677661** **(1)**

1. Corporation Name
THE BOTANICAL GARDENS NURSERY, INC.

Principal Place of Business	Mailing Address
19110 KROME AVE. **MIAMI FL 33187-2004**	**19110 KROME AVE.** **MIAMI FL 33187-2004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/07/1980**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2034080** ☐ 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 § 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLASSFORD, K NEIL
5780 SUNSET DRIVE
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ Date _____
(Type or Print Name of Person Signing) (If this Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PDC**	11 TITLE	☐ Change ☐ Addition
NAME	**LAVARGNA, ANTHONY H.**	12 NAME	
STREET ADDRESS	**19110 KROME AVE.**	13 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	14 CITY ST ZIP	
TITLE	**VD**	21 TITLE	☐ Change ☐ Addition
NAME	**LAVARGNA, LISA**	22 NAME	
STREET ADDRESS	**19110 KROME AVE.**	23 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	24 CITY ST ZIP	
TITLE	**VPD**	31 TITLE	☐ Change ☐ Addition
NAME	**BRANHAM, TONI LYNN**	32 NAME	
STREET ADDRESS	**19663 S.W. 82 CT.**	33 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	34 CITY ST ZIP	
TITLE	**STD**	41 TITLE	☐ Change ☐ Addition
NAME	**LAVARGNA, LAURENCE P.**	42 NAME	
STREET ADDRESS	**9395 S.W. 66 ST.**	43 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL**	44 CITY ST ZIP	
TITLE	**VD**	51 TITLE	☐ Change ☐ Addition
NAME	**BURLESON, CINDY**	52 NAME	
STREET ADDRESS	**19001 SW 272 STREET**	53 STREET ADDRESS	
CITY ST ZIP	**HOMESTEAD FL**	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)(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 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 attached sheet, with an address.

SIGNATURE: Cindy Lavargna 6/2/95 305-235-5411
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0907973 CP

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DIVISION OF CORPORATIONS

DOCUMENT # **678881** **(4)**

1. Corporation Name
PHILLIPS-AMERICAN FINANCE CORP.

Principal Place of Business	Mailing Address
3728 PHILLIPS HWY 39 **JACKSONVILLE FL 32207**	**3728 PHILLIPS HWY 39** **JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1980**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2011813** ☐ 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

9. Name and Address of Current Registered Agent

PHILLIPS, PHILIP B, JR
3728 PHILLIPS HWY 39
JACKSONVILLE, FL
32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, MARY K.	12 NAME	
STREET ADDRESS	3728 PHILLIPS HWY HWY 39	13 STREET ADDRESS	3728 Phillips Hwy. # 39
CITY ST ZIP	JACKSONVILLE, FL 00000- 32207	14 CITY ST ZIP	32207
TITLE	PTD	21 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, PHILIP B, JR	22 NAME	
STREET ADDRESS	3728 PHILLIPS HWY 39	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000 32207	24 CITY ST ZIP	32207
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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 report is voluntarily furnished and 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 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 attached sheet, with an address.

SIGNATURE: 5/26/95 904/396 9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0019844 CP