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FILED

May 12 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 678348 (4)

1. Corporation Name

CHARLES GREEN'S NURSERY OF FLORIDA, INC.

Principal Place of Business

6284 W. BOYNTON BEACH BLVD.  
P.O. BOX 3645  
BOYNTON BCH FL 33424-0645

Mailing Address

6284 W. BOYNTON BEACH BLVD.  
P.O. BOX 3645  
BOYNTON BCH FL 33424-3645

3. Date Incorporated or Qualified

07/14/1980

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2018577

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGUM, E. WAYNE  
17170 WHITEHAVEN DR  
BOCA RATON FL 33498

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

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 DVS  
NAME WOODALL, CHARLES B., JR.  
STREET ADDRESS 311 BUCKHEAD AVE. N.E.  
CITY - ST - ZIP ATLANTA GA☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP☐ Change☐ AdditionTITLE D  
NAME WOODALL, JOAN D.  
STREET ADDRESS 311 BUCKHEAD AVE. N.E.  
CITY - ST - ZIP ATLANTA GA☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP☐ Change☐ AdditionTITLE DP  
NAME LEGUM, E. WAYNE  
STREET ADDRESS 17170 WHITEHAVEN DR  
CITY - ST - ZIP BOCA RATON FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)