FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 695017 (4)

1. Corporation Name
CENTRAL FLORIDA NATIVE FLORA, INC.

Principal Place of Business
1000 KIEFER ROAD
P O BOX 1045
SAN ANTONIO FL 33576-1045
US

Mailing Address
1000 KIEFER ROAD
P O BOX 1045
SAN ANTONIO FL 33576-1045
US

3. Date Incorporated or Qualified: 07/16/1981
3a. Date of Last Report: 04/04/1995

4. FEI Number: 59-2112733 — 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

2. Principal Place of Business
21 33601 Kiefer Road
22 Suite, Apt. #, etc.
23 City & State: San Antonio, Fl
24 Zip: 33576 25 Country

2a. Mailing Address
26 P.O. Box 1045
27 Suite, Apt. #, etc.
28 City & State: San Antonio, Fl
29 Zip: 33576 30 Country

9. Name and Address of Current Registered Agent
LOGAN, BRIGHTMAN S.
33514 ~~1000~~ KIEFER ROAD - Box 1045
SAN ANTONIO FL 33576

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: Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required after 1st filing — DATE

12. OFFICERS AND DIRECTORS

TITLE	PVD ☐ DELETE
NAME	LOGAN, BRIGHTMAN S. 33514 KEIFER RD.
STREET ADDRESS	~~6202 FARTHING STREET~~ P.O. BOX 1045
CITY-ST-ZIP	~~TAMPA FL~~ SAN ANTONIO, FLA. 33576
TITLE	STD ☐ DELETE
NAME	LOGAN, NANNETTE C. 33514 KEIFER Rd.
STREET ADDRESS	~~6202 FARTHING STREET~~ P.O. BOX 1045
CITY-ST-ZIP	~~TAMPA FL~~ SAN ANTONIO, FLA. 33576
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVD ☒ Change ☐ Addition
1.2 NAME	Logan, Brightman S.
1.3 STREET ADDRESS	33514 Kiefer Rd
1.4 CITY-ST-ZIP	P.O Box 1045 San Antonio, Fl 33576
2.1 TITLE	STD ☒ Change ☐ Addition
2.2 NAME	Logan, Nannette C.
2.3 STREET ADDRESS	33514 Kiefer Rd
2.4 CITY-ST-ZIP	P.O Box 1045 San Antonio, Fl 33576
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Brightman S. Logan — BRIGHTMAN S. LOGAN — 3/28/96 — 904-588-3687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)