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

APPROVED AND FILED

95 MAR -1 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F62501 (4)

1. Corporation Name
BILL'S NURSERY, INC.

Principal Place of Business	Mailing Address
C/O STEVE GARRISON 1950 NW 10TH TERR HOMESTEAD FL 33030 US	C/O STEVE GARRISON 1950 NW 10TH TERR HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1982
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2168527 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARRISON, STEPHEN T
1950 NW 10 TERRACE
HOMESTEAD FL 33030

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 provision 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: (Required when mailed) (NOTE: Registered Agent signature required when mailed) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1 1 TITLE	☐ Change ☐ Addition
1 NAME	GARRISON, STEPHEN T	1 2 NAME	
1 STREET ADDRESS	1950 NW 10TH TERRACE	1 3 STREET ADDRESS	
1 CITY-ST-ZIP	HOMESTEAD FL	1 4 CITY-ST-ZIP	
2 TITLE	VP	2 1 TITLE	☐ Change ☐ Addition
2 NAME	GARRISON, SUSAN D	2 2 NAME	
2 STREET ADDRESS	1950 NW 10 TERRACE	2 3 STREET ADDRESS	
2 CITY-ST-ZIP	HOMESTEAD FL	2 4 CITY-ST-ZIP	
3 TITLE	TS	3 1 TITLE	☐ Change ☐ Addition
3 NAME	BUSTO, RENE R	3 2 NAME	
3 STREET ADDRESS	29834 SW 161 CT	3 3 STREET ADDRESS	
3 CITY-ST-ZIP	HOMESTEAD FL	3 4 CITY-ST-ZIP	
4 TITLE		4 1 TITLE	☐ Change ☐ Addition
4 NAME		4 2 NAME	
4 STREET ADDRESS		4 3 STREET ADDRESS	
4 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
5 TITLE		5 1 TITLE	☐ Change ☐ Addition
5 NAME		5 2 NAME	
5 STREET ADDRESS		5 3 STREET ADDRESS	
5 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 TITLE		6 1 TITLE	☐ Change ☐ Addition
6 NAME		6 2 NAME	
6 STREET ADDRESS		6 3 STREET ADDRESS	
6 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan D Garrison, V.P. 2-22-95 (305) 246 3525
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0116574 CP