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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F62501** **(4)**

1. Corporation Name
BILL'S NURSERY, INC.

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

Mailing Address
C/O STEVE GARRISON
1950 NW 10TH TERR
HOMESTEAD FL 33030-2938
US

3. Date Incorporated or Qualified: **01/08/1982**
3a. Date of Last Report: **04/02/1996**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2168527** ☐ 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

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 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE: TS ☐ Change ☑ Addition
NAME	GARRISON, STEPHEN T		1.2 NAME: GARRISON, DONOVAN S.
STREET ADDRESS	1950 NW 10TH TERRACE		1.3 STREET ADDRESS: 1950 NW 10 TERRACE
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP: Homestead FL 33030
TITLE	VP	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	GARRISON, SUSAN D		2.2 NAME
STREET ADDRESS	1950 NW 10 TERRACE		2.3 STREET ADDRESS
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP
TITLE	TS	☑ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	BUSTO, RENE R		3.2 NAME
STREET ADDRESS	29834 SW 161 CT		3.3 STREET ADDRESS
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP
TITLE	TS	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	GARRISON		4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

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 and all reports or supplemental annual reports 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: Susan D Garrison 3-13-97 305-246-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — V.P. — Date — Daytime Phone #