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
SEP 11 1995 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F68893** **(9)**

1. Corporation Name
MERRITT ISLAND NURSERY, INC.

Principal Place of Business
% SUE H CARULLO
3820 N COURTNEY PKWY
MERRITT ISLAND FL 32952
US

Mailing Address
% SUE H CARULLO
265 ISLAND BEACH BLVD.
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1982
3a. Date of Last Report: 04/26/1994

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

2a. Mailing Address
26 225 LAKE SHORE DR.
Suite Apt # etc
27
City & State
28 MERRITT ISLAND FL
Zip 29 32953 Country 30

4. FEI Number: 59-2172261 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has taxable, for intangible tax purposes, stock under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CARULLO, SUE H
265 ISLAND BEACH BLVD.
MERRITT ISLAND FL 32952

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 607.0501 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	CARULLO, SUE H
STREET ADDRESS	265 ISLAND BCH BLVD
CITY, ST, ZIP	MERRITT ISLAND, FL 00000
TITLE	D
NAME	CARULLO, SALVATORE
STREET ADDRESS	265 ISLAND BCH BLVD
CITY, ST, ZIP	MERRITT ISLAND, FL 00000
TITLE	AS
NAME	CARULLO, SCOTT ANDREW
STREET ADDRESS	265 ISLAND BCH BLVD
CITY, ST, ZIP	MERRITT ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and in effect 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 asterisk.

SIGNATURE: Sue H. Carullo SUE H. CARULLO 5/6/95 407-453-2314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080967 CP