FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90276 048 ***158.75

DOCUMENT # F68993

1. Corporation Name
MERRITT ISLAND NURSERY, INC.

Principal Place of Business	Mailing Address
3820 N. COURTENAY PKWY. MERRITT ISLAND, FL 32953	225 LAKESHORE DR. MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/26/1982

2. Principal Place of Business	2a. Mailing Address
21 3820 N. COURTENAY PKWY	26 225 LAKE SHORE DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MERRITT ISLAND FL	28 City & State: MERRITT ISLAND, FL
24 Zip: 32953 25 Country: USA	29 Zip: 32953 30 Country: USA

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARULLO, SUE H. 225 LAKE SHORE DR. MERRITT ISLAND, FL 32953	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SEC/TRES	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARULLO, SUE H.		1.2 NAME		
STREET ADDRESS	225 LAKE SHORE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		1.4 CITY-ST-ZIP		
TITLE	PRES	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARULLO, SALVATORE		2.2 NAME		
STREET ADDRESS	225 LAKE SHORE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARULLO, SCOTT ANDREW		3.2 NAME		
STREET ADDRESS	225 LAKESHORE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			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 (11/98)

14. *I 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, with all other like empowered.

SIGNATURE: Sue H. Carullo SUE H. CARULLO 4/16/99 407 453 5994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #