

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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

APPROVED
AND
FILED

98 MAR -5 AM 9:09

DOCUMENT # F73512 (8)

1. Corporation Name

HALL'S NURSERY AND LANDSCAPE, INC.

REIN.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

HALL'S NURSERY AND LANDSCAPE, INC.
930 S BAY ST
EUSTIS FL 32726
US

3. Date Incorporated or Qualified
03/24/1982

3a. Date of Last Report
04/24/1995

2. Principal Place of Business
21 HALL'S NURSERY
Suite, Apt. #, etc.
22 930 S. BAY ST
City & State
23 EUSTIS FL
Zip Country
24 32726 25 USA

2a. Mailing Address
26 930 S. BAY ST
Suite, Apt. #, etc.
27
City & State
28 EUSTIS FL
Zip Country
29 32726 30 USA

4. FEI Number
59-2176804

☒ 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

10. Name and Address of New Registered Agent

HUEBSCH NEAL D, PA
345 NORTH GROVE STREET
EUSTIS FL 32726

81 Name
WILLIAM A HALL
82 Street Address (P.O. Box Number is Not Acceptable)
930 S. BAY ST
83
84 City
EUSTIS FL 85 Zip Code
32726

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 William A. Hall * William A. Hall 3/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	700002452801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WILLIAM A	1.2 NAME	-03/10/98--01089--006
STREET ADDRESS	301 WINDEMERE AVE	1.3 STREET ADDRESS	***1050.00 ***1050.00
CITY-ST-ZIP	EUSTIS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WILLIAM A Deceased	2.2 NAME	
STREET ADDRESS	301 WINDEMERE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	REINSTATEMENT 1996-98
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William A. Hall 1/7/98 352-357-4631
Signature and typed or printed name of signing officer or director Date Daytime Phone