

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000000564 (4)

1. Corporation Name

WARREN'S TURF NURSERY, INC.

Principal Place of Business

**7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

Mailing Address

**7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

N/A

4. FEI Number

36-2605822

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

22

27. City & State

27

24. Zip Country

24

Country

25

29. Zip Country

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**C
CURRAN, J.H.
7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
CURRAN, WILLIAM
7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CURRAN, MICHAEL J
7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
CURRAN, TIMOTHY
7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
CURRAN, CATHERINE
7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
KREJCA, JACK
7502 S. MAIN ST.
CRYSTAL LAKE IL 60014**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D/C

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D/V

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 included 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 in this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

815-455-5100