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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G79800 (0)

1. Corporation Name
LYTLE'S LANDSCAPE NURSERY, INC.

Principal Place of Business
6082 TROPICAL WAY
DELRAY BCH. FL 33484

Mailing Address
6082 TROPICAL WAY
DELRAY BCH. FL 33484-6473



2. Principal Place of Business

21 Suite/Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 751 Camino Lakes Cr

27 Suite/Apt. #, etc.

28 City & State

Boca Raton FL

29 Zip

33486

30 Country

USA

3. Date Incorporated or Qualified
01/18/1984

3a. Date of Last Report
02/05/1996

4. FEI Number
59-2359096

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

Name and Address of Current Registered Agent

HRAWG CORP
2310 ONE FINANCIAL PLAZA
FT. LAUDERDALE FL 33394

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

RD
NAME: LYTLE, JAMES
STREET ADDRESS: 751 CAMINO LAKES CIRCLE
CITY-ST-ZIP: BOCA RATON FL

TITLE ☐ DELETE

VS
NAME: LYTLE, MARILYN
STREET ADDRESS: 751 CAMINO LAKES CIRCLE
CITY-ST-ZIP: BOCA RATON FL

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97 561 496-3490

CR2E034 (9/96)