

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

**APPROVED
AND
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95 MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G95036

(1)

1. Corporation Name

CUSTOM GREENERY BY LINDA, INC.

Principal Place of Business

**131 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

Mailing Address

**131 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1984

3b. Date of Last Report

08/02/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2557500

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**

7. This corporation has liability for delinquent tax under 25-119(1)(c)
Florida Statute ☐ yes ☒ no

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26

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Trust Fund Contribution

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7. This corporation has liability for delinquent tax under 25-119(1)(c)
Florida Statute ☐ yes ☒ no

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9. Name and Address of Current Registered Agent

**HOFFMAN, LINDA F.
131 N. COURTENAY PARKWAY
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 law being 220.14(1) and 220.15(1)(b), 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 law being 220.15(2), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14

**DP
HOFFMAN, LINDA F.
131 N COURTENAY PARKWAY
MERRITT ISLAND FL**

15

16 NAME

17 Street Address

18 City

19

20 NAME

21 Street Address

22 City

23

24 NAME

25 Street Address

26 City

27

28 NAME

29 Street Address

30 City

31

32 NAME

33 Street Address

34 City

35

36 NAME

37 Street Address

38 City

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and is not in violation of the provisions of law being 220.14(1) and 220.15(1)(b), Florida Statutes. I further certify that the information is submitted for the annual report or supplemental annual report and that any signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of law being 220.15(2), Florida Statutes, and that my name appears as Block 13 of Block 13 of this report as required by Chapter 437, Florida Statutes.

SIGNATURE:

Linda F. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

40741-222