FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									FII	F]			
PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					FILED Jan 29 1998 8:00am Secretary of State					
DOCU 1. Corporation	MENT on Name	# H04978	3	(3)					Scorcia	. y (<i>)</i> 1 k	Ju	acc
OLDSN	MAR NUR	SERY, INC.											
Principal Plac	e of Busines	ss	Mailing	Address					\$ EBB3060 0310 0054E 06080 30501 39001 1	LL1 4 4414 44	TII KINZI NI	MET MIMI	
180 N RACETRACK RD PO BOX 1062 OLDSMAR FL 34677 US US									DO NOT WRIT	E IN THE	S SPACE	Ξ	
""								3	Date Incorporated or Qualified		•		
									05/22/1984				
2. Principal P	Place of Busi	ness .	_	2a. Mailing Address				4	I. FEI Number		_	_	plied For
21 Suite, Apt.	# etc			Suite, Apt, #, etc.					59-2424890		ėo		st Applicable Additional
22	m, O.G.		27					5	. Certificate of Status Desired				equired
City & Stat	e			City & State				6	. Election Campaign Financing		\$	5.00	Mav Be
23		_	28						Trust Fund Contribution				to Fees
Zip		Country	⊢ :			Country		8	. This corporation owes or has p				
24	9. Name	25 and Address of Current	29 Registered	Agent	30			10	Personal Property Tax due Jun Name and Address of New R		Yes		∐ No
HF	NNIG, LES				8	31	Name		•	3			
2184 HARBORVIEW DRIVE						82 Street Addre			P.O. Box Number is Not Accepta	hia\			
DUNEDIN FL 34698						52 Street Addre			F.O. Box Number is Not Accepte	ole)			
					8	:3							
						14	,			F			Code
11. Pursuant office or r agent. I a	to the provis registered ag um familiar w	sions of Sections 607.0502 gent, or both, in the State of ith, and accept the obliga	eand 607,150 of Florida. Su tions of, Sect	08, Florida Statu ch change was lion 607.0505, F	ites, the abo authorized lorida Statu	by tes	rnamed c the corpo	orporati ration's	on submits this statement for the board of directors. I hereby acce	purpose pt the ap	of chang pointme	ging it ent as	s registered registered
SIGNATURE	Slanatire type	d or printed name of registered agen	f and little if annin	able (NIC	TE. Registered A	\ ner	at cionature re	zuriosel who	an reinstation)	DATE			
12.	Olgratoro, typot	OFFICERS AND			13.	·ye.	in signature re	quiled with	ADDITIONS/CHANGES TO OFFI		ND DIRE	CTOR	S IN 12
TITLE	D			DELETE	1.1 TITU	E					☐ CI		Addition
NAME		G, RICHARD M			1.2 NAM	Ε							
STREET ADDRESS		ARBORVIEW DRIVE					ADDRESS						
CITY-ST-ZIP	PD	IN FL 34698		DELETE	1.4 CITY 2.1 TITU		r-zip				□ Ct	ance	Addition
NAME		G, LESLIE			2.2 NAM							iango	radition
STREET ADDRESS		Arborview Drive					ADDRESS						
CITY-ST-ZIP		N FL 34698			2. 4 CITS				ť	-			
TITLE				DELETE	3.1 TITL	Ε				****	Ct	ange	Addition
NAME					3.2 NAM	E							
STREET ADDRESS				3.3 STREET									
CITY-ST-ZIP		·		DELETE		3.4. CITY-ST-ZIP 4.1 TITLE				· · · · · ·	L CI	ionne	Addition
TITLE NAME					4.1 RILL 4. 2 NAM						ب ب	yu	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					4.4 CITY								
TITLE				DELETE	5.1 TITLE						Ch	ange	Addition
NAME					5.2 NAM	E	ŀ						
STREET ADDRESS					5.3 STRE	ET A	ADDRESS						

5.4 CITY - ST - ZiP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address.

1-19-98

☐ Change ☐ Addition

813-855-3122

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME