FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H09515 (8)

1. Corporate Name
ST. LUCIE NURSERIES, INC.

Principal Place of Business
7680 S US #1
PT. ST LUCIE FL 34952
US

Mailing Address
1955 S JENKINS RD
FT. PIERCE FL 34947
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Apt. #, etc. — 22 / 27
City, State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-2424219 — 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. The corporation is willing to provide the services under S. 607.0505, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DRAWDY, L. A.
1955 S. JENKINS RD.
FT. PIERCE FL 34947

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 Section 607.0505 and 607.0506, 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 my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DRAWDY, L. A.
ADDRESS	1955 S. JENKINS RD.
CITY, ST	FT. PIERCE FL
TITLE	VP
NAME	DRAWDY, M.S.
ADDRESS	1955 S. JENKINS RD.
CITY, ST	FT. PIERCE FL
TITLE	T
NAME	DRAWDY, TERRI
ADDRESS	1955 S. JENKINS RD.
CITY, ST	FT. PIERCE FL

13. ADDITIONAL OFFICERS AND DIRECTORS (Attach Additional Sheet if Needed)
☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report is substantially identical to that required to be reported pursuant to Section 607.0505, Florida Statutes. Further, I hereby certify that the information supplied with this report is substantially identical to that required to be reported pursuant to Section 607.0506, Florida Statutes. Further, I hereby certify that the corporation has been in business for the preceding calendar year and that the principal place of business and mailing address of the corporation are the principal place of business and mailing address of the corporation or its registered agent, and that the registered office is identical to the registered office of the registered agent. I further hereby certify that the information contained herein is true and accurate.

SIGNATURE: LAINE DRAWDY 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE

0382543 CP