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 APR 20 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H18418** **(4)**

1. Corporation Name
POOL & SON NURSERY & LANDSCAPING, INC.

Principal Place of Business	Mailing Address
4041 GERMANTOWN RD. DELRAY BEACH FL 33445	4041 GERMANTOWN RD. DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1984
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 16255 40TH TRAIL SOUTH	26 16255 40TH TRAIL SOUTH
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DELRAY BEACH, FL	28 City & State: DELRAY BEACH, FL
24 Zip: 33445 25 Country: USA	29 Zip: 33445 30 Country: USA

4. FEI Number: 59-2437309 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POOL, ROBERT C. 4041 GERMANTOWN RD. DELRAY BEACH FL 33445	81 Name: POOL, ROBERT C 82 Street Address (P.O. Box Number is Not Acceptable): 16255 40TH TRAIL SOUTH 83 84 City: DELRAY BEACH, FL 85 Zip Code: 33445

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	POOL, ROBERT C.	1.2 NAME	
STREET ADDRESS	4041 GERMANTOWN RD.	1.3 STREET ADDRESS	16255 40TH TRAIL SOUTH
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	POOL, GLORIA H.	2.2 NAME	
STREET ADDRESS	4041 GERMANTOWN RD.	2.3 STREET ADDRESS	16255 40TH TRAIL SOUTH
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	POOL, ROBERT K.	3.2 NAME	
STREET ADDRESS	4041 GERMANTOWN RD.	3.3 STREET ADDRESS	16255 40TH TRAIL SOUTH
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 with an address.

SIGNATURE: Robert C Pool ROBERT C Pool 2-17-95 407-498-5887
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430161 FP