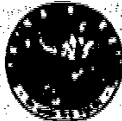


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H26370

(7)

1. Corporation Name

DAHLGREN'S NURSERY, INC.

Principal Place of Business

Mailing Address

**7746 S. MILITARY TRAIL
LAKE WORTH FL 33463**

**7746 S. MILITARY TRAIL
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1984

3a. Date of Last Report

02/18/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2469518

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERCER, SHERRY
208 WALTON HEATH
ATLANTIS FL 33462**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DAHLGREN, SALLY
STREET ADDRESS	258 WALTON HEATH
CITY - ST - ZIP	ATLANTIS FL
TITLE	D
NAME	DAHLGREN, JEAN
STREET ADDRESS	181 F ATLANTIS BLVD
CITY - ST - ZIP	ATLANTIS FL
TITLE	D
NAME	DAHLGREN, SALLY
STREET ADDRESS	258 WALTON HEATH
CITY - ST - ZIP	ATLANTIS FL
TITLE	DST
NAME	MERCER, SHERRY
STREET ADDRESS	208 WALTON HEATH
CITY - ST - ZIP	ATLANTIS FL
TITLE	D
NAME	DAHLGREN, MICHAEL C
STREET ADDRESS	250 JFK DRIVE #201
CITY - ST - ZIP	ATLANTIS FL
TITLE	D
NAME	Clark Dahlgren
STREET ADDRESS	181 F Atlantis Blvd
CITY - ST - ZIP	ATLANTIS FL 33462

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sherry D. Mercer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry D. Mercer 965-9797
Date **4/18/95** (Type Month)