

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

1995 MAY -1 AM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/08/95--01024--024
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DOCUMENT # H55885

(8)

1. Corporation Name

TRIPLE H NURSERY, INC.

Principal Place of Business

C/O JANICE W. HELMS
1764 HWY 655
AUBURNDALE FL 33823

Mailing Address

C/O JANICE W. HELMS
1764 HWY 655
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1985

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2552270

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. 194.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 City

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 City

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELMS, JANICE W.
1764 HWY 655
AUBURNDALE FL 33823

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named Registered Agent and the filer (owner)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	HELMS, JANICE W.	1764 HWY 655	AUBURNDALE FL
VP	HELMS, DONALD L.	475 W ORANGE ST.	LAKE ALFRED FL
ST	HELMS, LEROY M.	1764 HWY 655	AUBURNDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY, ST, ZIP	18 Change	19 Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 110.07(2)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILER OR DIRECTOR

Janice W. Helms

April 25, 1995 - 813-984-1311