## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H55885

(8)

TRIPLE H NURSERY, INC.

The state of the s

FILED									
Apr 23 1997 8:00am									
Secretary of State									

C/O JANICE W. HELMS 1764 HWY 655 AUBURNDALE FL 33823  AUBURNDALE FL 33823  3. Date Incorporated or Qualified 05/07/1985  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Applied For												
1994 Hry 655   1784 Hry 655   28 AUBURNOLE FL 39823-9450   29   20   27   25   28   29   20   20   20   20   20   20   20	Principal Plac	e of Business	<del></del>	Maili	ng Address				- 1 (08)000 0101 01101 01107 10181 10101 011		(OLD BURN DEBE	
Principal Places of Business 2x. Mailing Address 4. Fill Number 59-2552270   Total Application 2x	C/O JANICE W. HELMS 1764 HWY 655			1764	C/O JANICE W. HELMS 1784 HWY 655							
Sulle, April 4, etc.    Sulle, April 4, etc.   Sulle, April 4, etc.   Sulle, April 4, etc.   S. Certificate of Statute Desired   S. 7. Additional Property of S. Certificate of Statutes Desired   S. 7. Additional Property of S. Certificate of Statutes Desired   S. 7. Additional Property of S. 7. Additional Property of S. 1. Additional												
Suit   Apt #, etc   Suit   Apt #, etc   Suit   Apt #, etc   Suit   Apt #, etc   Suit		lace of Busine	ess	2a. M	2a. Mailing Address						A	pplied For
City & State   City & Ci	21								59-2552270			
City & State   Country   Country   20   Country					<b>—</b>				5. Certificate of Status Desired			
20   Country   Zip   Repetitive of Country   Zip   Repetitive of Country   Zip   Repetitive of Country   Zip   Repetitive of Country   Zip		e			4 Till 4			6. Election Campaign Financino		· · · · · · · · · · · · · · · · · · ·		
Page	23				28				, ,			
FLIMS, JANICE W. 1784 HWY 855 AUBURNDALE FL. 33823   58   58   58   58   58   58   58   5			<del></del>	Z	Zip Country							s. 199.032,
HELMS, JANICE W. 1764 HWY 655 AUBURNDALE FL 33823  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fioridia Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 607 0502 and 607 1508, Fioridia Statutes agent, and the corporation in the provisions of Sections 607 0502 and 607 1508, Fioridia Statutes agent, and the corporation in the provisions of Sections 607 0502, Floridia Statutes agent, and the corporation in the corporation in board of directors. Thereby accept the appointment as registered agent, and the corporation in the corporation in board of directors. Thereby accept the appointment as registered agent, and the corporation in board of directors. Thereby accept the appointment as registered agent agent and the corporation in board of directors. Thereby accept the appointment as registered agent agent and accept the appointment as registered agent agent and accept the appointment as registered agent agen	24]	<del></del>			_l							
TILLING, NAVILE VI.  1764 HWY 855 AUBURNDALE FL 33823  88 Street Address (P.O. Box Number is Not Acceptable)  94 City FL  95 Street Address (P.O. Box Number is Not Acceptable)  95 Street Address (P.O. Box Number is Not Acceptable)  96 City FL  97 Street Address (P.O. Box Number is Not Acceptable)  97 Street Address (P.O. Box Number is Not Acceptable)  98 Street Address (P.O. Box Number is Not Acceptable)  99 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  91 Street Address (P.O. Box Number is Not Acceptable)  91 Street Address (P.O. Box Number is Not Acceptable)  92 Street Address (P.O. Box Number is Not Acceptable)  92 Street Address (P.O. Box Number is Not Acceptable)  93 Street Address (P.O. Box Number is Not Acceptable)  94 City FL  95 Street Address (P.O. Box Number is Not Acceptable)  95 Street Address (P.O. Box Number is Not Acceptable)  96 Street Address (P.O. Box Number is Not Acceptable)  97 Street Address (P.O. Box Number is Not Acceptable)  98 Street Address (P.O. Box Number is Not Acceptable)  99 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Nu	MAIN AND AND AND AND AND AND AND AND AND AN											
AUBURNDALE FL 33823    B4   City   FL   85   Zip Code			w.									
Section   Sect			1 33823				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am damiliar with, and accopt the obligations of subcinctions of florida Statutes	700	OINIDINGE I	L 000L0				83					
THE PRESENTED TO THE PROVISIONS OF SOCIONS 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registored agent. I am familiar with, and accopt the obligations of, Socion 607 0505, Florida Statutes    Part							84	City			ine 7m	Codo
office or registered agent, or both, in this State of Florida, Such change was author/rod by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Florida, Such change was author/rod by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Florida, Such change was author/rod by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Florida, Such change was author/rod by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was author/rod by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, and accept the obligations of School Sch								•			.	
12	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.											
12.	SIGNATURE											
TITLE	10	Signature, typed o					d Age	nt signature require			DIDECTO	DC IN 10
NAME   HELMS, JANICE W.   12 NAME     12 NAME     13 STREET ADDRESS     13 STREET ADDRESS     13 STREET ADDRESS     13 STREET ADDRESS     14 COLY - ST - ZIP		P	OFFICER	15 AND DIRECT			TLE	T	ADDITIONS/CHANGES TO OFF	CERS AND		
1784 HWY 655		ı •	ANICE W.			•						
TITLE	STREET ADDRESS							ADDRESS				
MAME   HELMS, DONALD L.   22 NAME     33 STREET ADDRESS	CITY-ST-ZIP	AUBURNDALE FL			1.4 CITY			1 - ZIP				
STREET ADDRESS   A76 W ORANGE ST.	TITLE	"'			DELETÉ 2.1 TI		ILE				Change	Addition
LAKE ALFRED FL   2.4 CITY-S1-ZIP					2.2 NAV		AME					
TITLE												
NAME   HELMS, LEROY M.   32 NAME   33 STREET ADDRESS   1764 HWY 655   33 STREET ADDRESS   CITY-\$T-ZIP   AUBURNDALE FL   34 CITY-\$T-ZIP     DELETE   41 TITLE   Change   Addition   Additi			NEU FL		DELETE			51 - ZIP			Change	Addition
1764 HWY 655   3.3 STREET ADDRESS   1764 HWY 655   3.4 CITY-ST-ZIP			FROY M.		CJ beccit						C Onlinge	L riodition
CITY-ST-ZIP   AUBURNDALE FL   3.4 CITY-ST-ZIP     TITLE	•							ADDRESS				
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-\$T-ZIP         4.4 CITY-\$T-ZIP         CITY-\$T-ZIP         Change         Addition           NAME         5.2 NAME         5.2 NAME         STREET ADDRESS         CITY-\$T-ZIP         Change         Addition           STREET ADDRESS         5.3 STREET ADDRESS         CITY-\$T-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         4.7 TITLE         6.2 NAME         Change         Addition           STREET ADDRESS         6.3 STREET ADDRESS         Change         Addition						3.4. C	ПΥ-\$	iT-ZIP				
STREET ADDRESS	TITLE				☐ DELETE	4.1 10	TLE				Change	Addition
CITY-\$T-ZIP												
TITLE         DELETE         5.1 TILE         Change         Addition           NAME         5.2 NAME         5.2 NAME             STREET ADDRESS         5.3 STREET ADDRESS              CITY-ST-ZIP         5.4 CITY-ST-ZIP  .	· i							i				
SAME					DELETE			T-ZIP			Change	Addition
STREET ADDRESS					□ DELETE						☐ Change	Radillou
CITY-\$1-ZIP								ADDRESS				
TITLE DELETE 6.1 TITLE Change Addition  NAME \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
STREET ADDRESS 6.3 STREET ADDRESS		"			DELETE						Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME :	1-84				6.2 N	AME					
CITY-\$1-ZIP 6.4 CITY-\$1-ZIP		RJ				6.3 S	REET	ADDRESS				
14. I do 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		h., 2214 M	the info	644446	1:1:				3- O-F- 440 07/07/2 Pr-24- 0:	- 14		

I do 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, or on an attachment with an address.

SIGNATURE. (\alpha \landsquare) SIGNATURE AT 10

all mail in