

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60764 (8)

1. Corporation Name

BLACK HAMMOCK NURSERY, INC.

Principal Place of Business

**1174 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750**

Mailing Address

**1174 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1985

3a. Date of Last Report

03/31/1994

4. FEI Number

58-2555637

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. 109.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**KHALSA, SAMPURAN
400 CENTER ST.
ALTAMONTE SPRINGS FL**

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 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

TITLE	PO
NAME	KHALSA, SAMPURAN
STREET ADDRESS	400 CENTER ST.
CITY - ST - ZIP	ALTAMONTE SPRGS FL
TITLE	V
NAME	KHALSA, MAHAN KALPA S.
STREET ADDRESS	400 CENTER ST.
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	S
NAME	KHALSA, SWARN K.
STREET ADDRESS	400 CENTER ST.
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32701
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32701
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	32701
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 accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(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 officer 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name