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 MAY -1 AM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H75843** **(3)**

1. Corporate Name

SCOTT'S WHOLESALE NURSERY, INC.

Principal Place of Business
4152 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

Mailing Address
4152 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1985**

3a. Date of Last Report: **07/12/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

State, Apt. # etc. — 22

State, Apt. # etc. — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: **59-2617335** — 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. Does corporation qualify as a small business under s. 159.27, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOODFARB, SCOTT
4152 BAYMEADOWS RD
JACKSONVILLE FL 32217

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 607.0505 and 607.0508, Florida Statutes, the corporation named, the 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 director. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOODFARB, SCOTT
STREET ADDRESS	4152 BAYMEADOWS RD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurate and that such information is in compliance with Section 607.0505, Florida Statutes. I further certify that the officers or directors of the corporation or the persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that no name appears in this report as an officer or director without his/her consent.

SIGNATURE: X Scott Goodfarb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1995

904 733 6444
DAYTIME PHONE

0019179 CP