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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # H7

H75843

(3)

SCOTT'S WHOLESALE NURSERY, INC.

FILED
Mar 06 1997 8:00am
Secretary of State



Frincipal nace of business			Mailing Address							
4152 BAYMEA JACKSONVILLI			4152 BAYMEADOWS ROAD JACKSONVILLE FL 32217-4802							
							3. Date Incorporated or Qualified 09/19/1985		e of Las	st Report
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26					59-2617335			Not Applicable
Suite, Apt # 22	#, etc.	27	Suite. Apt. # etc.				5. Certificate of Status Desired			5 Additional Required
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	29	Zip	30 Cou	nlry	'	8. This corporation has liability for I	ntangible t		er s. 199.032,
	9. Name and Address of Cur		ered Agent				10. Name and Address of New Re	gistered A	gent	
	ODFARB, SCOTT				81	Name				
4152 BAYMEADOWS RD JACKSONVILLE FL 32217					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
				[83					
 					В4	City		FL	85 Z	Zip Code
SIGNATURE		agent and file ?		NOTE: Registered	Age	ent signalura req	nulred when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIREC1	FORS IN 12
111,4	PD		☐ DELETE	1. 1 TIT	LΈ				Chan	ge Addition
NW:	GOODFARB, SCOTT			1.2 MA	ME					
STREET ADDRESS	4152 BAYMEADOWS RD			1.3 ST	REET	ADDRESS				
Crty - ST- 7IP	JACKSONVILLE FL		DE FEE	1.4 CI		1-20			——————————————————————————————————————	
THILE			DELETE	2.1 (()		1			Chan	ige Addition
NAME STREET ADDRESS				2 2 NA		ADDRESS				
OT VIST Zer						ST-ZIP				
1114			DELETE	3 1 717					Chan	ge Addition
V/A-				3.2 NA	ME					
STREET ADDRESS.				3.3 ST	AFET	ADDRESS				
Cd i - St. ZP						ST-ZIP				
TIGHE			☐ DELETE	4.1 11		1			Chan	nge L. Addition
NAME STREET ADORESS				4 2 N		ADDRESS				
City 51-7"				- 1		ST-ZIP				
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NAV:				5.2 NA	ME	}				
STREET ADDRESS.				5.3 ST	REET	ADDRESS				
Calin-S 71P				5 4 CI	TY-S	ST-71P			,	
TIME			DELETE	6.1 TI					Chan	ige 🔲 Addition
MAME				6.2 NA						
STREET APORESS						ADDRESS				
Cry St-73				64 CI	IY-S	I - ZIP				

do hereby cort fy 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 arrival 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block, 12 or Block, 13 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

Mar 3, 1987 904 733-6444