

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H78111**
(2)
1. Corporation Name
NURSERYMEN'S SURE-GRO CORP.

Principal Place of Business
**4390 N. US HIGHWAY 1
VERO BEACH FL 32967**

Mailing Address
**4390 N. US HIGHWAY 1
VERO BEACH FL 32967-1507**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1985		3a. Date of Last Report 04/08/1996	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-2584289		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent WALKER, LAWRENCE 4390 NORTH US HIGHWAY 1 VERO BEACH FL 32967				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 607.1506, 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		DATE	
12. OFFICERS AND DIRECTORS			
12.1		☐ DELETE	
NAME DPT WALKER, LAWRENCE R. 4390 N. US 1 VERO BEACH FL			
12.2		☐ DELETE	
NAME DVS WALKER, VIRGINIA H. 4390 N. US 1 VERO BEACH FL			
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14. I, the undersigned, 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 furnished 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 a director, officer, or trustee 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia H. Walker* 3-15-97 561-790-0462
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CR2E034 (9/96)
0111176