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Mar 06 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 # H79386 (9)

1. Corporation Name
SPRING LAKE LAWN & GARDEN CENTER, INC.



Principal Place of Business

% TILDEN R. SCHOFIELD
8955 US HWY. 98
SEBRING FL 33870

Mailing Address

% TILDEN R. SCHOFIELD
8955 US HWY. 98
SEBRING FL 33870-8712

3. Date Incorporated or Qualified
10/01/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 William B Bone

Suite, Apt. #, etc.
22 8955 US 98

City & State
23 Sebring FL

Zip
24 33870

Country
25 USA

2a. Mailing Address

26 William B Bone

Suite, Apt. #, etc.
27 8955 US 98

City & State
28 Sebring FL

Zip
29 33870

Country
30 USA

4. FEI Number

59-2593363

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SCHOFIELD, TILDEN R.
335 S. COMMERCE AVE.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

William B. Bone

82 Street Address (P.O. Box Number is Not Acceptable)

8955 US 98

83

84 City

Sebring

FL

85 Zip Code

33870

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 William B. Bone President William B Bone 2/27/97
Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☒ DELETE
NAME BONE, AUBREY H.
STREET ADDRESS 1 MARYBELLE LANDING
CITY - ST - ZIP SEBRING FL

TITLE DP ☐ DELETE
NAME BONE, WILLIAM B.
STREET ADDRESS 8845 ELLIOTT ROAD
CITY - ST - ZIP SEBRING FL

TITLE DST ☐ DELETE
NAME BONE, RUTH H.
STREET ADDRESS 1 MARYBELLE LANDING
CITY - ST - ZIP SEBRING FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 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: William B Bone William B Bone 2/27/97 9416552600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)