FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name H97877 (5)FERN LAKE NURSERY, INC. Principal Place of Business Mailing Address 7650 LUTZ-LAKE FERN ROAD 7650 LUTZ-LAKE FERN ROAD ODESSA FL 33556 ODESSA FL 33556 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/06/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2630523 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζìρ Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCNAIRY, FREDERIC D. 7650 LUTZ-LAKE FERN ROAD Street Address (P.O. Box Number is Not Acceptable) ODESSA FL 33556 83 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 reinstating) 12. OFFICERS AND DIRECTORS 10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE Change 1.1 TITLE Addition Addition NAME MCNAIRY, FREDERIC D. 1.2 NAME STREET ADDRESS 7650 LUTZ-LAKE FERN ROAD 1.3 STREET ADDRESS ODESSA FL CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME MCNAIRY, HERBERT S. 2.2 NAME STREET ADDRESS 7650 LUTZ-LAKE FERN ROAD 2.3 STREET ADDRESS ODESSA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Addition NAME HOLLER, W. MICHAEL 3.2 NAME 7650 LUTZ-LAKE FERN ROAD STREET ADDRESS 3.3 STREET ADDRESS ODESSA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I 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: Frul William REFREEDINGEM hairy 1-5-97 813-920-320