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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J19648

(1)

WILTON MANORS NURSERY, INC.

## **FILED** May 05 1998 8:00am Secretary of State

|--|--|--|

% JOHN BRIAN 2220 WILTON D		Mailing Address					<b>4   6  </b> 1   <b>5   6  </b>		
2230 WILTON D WILTON MANOR  2. Principal Place 21  Suite. Apt. #.	LUTAIFAN		pal Place of Business Mailing Address				ı Gibil bibli 8	ILUL OFFILI EDAL	
2. Principal Place 21 Suite. Apt. #.		% JOHN BRIAN HUTCHESON % JOHN BRIAN HUTCHESON							
2. Principal Place 21 Suite, Apt. #.	2220 WILTON DRIVE 2220 WILTON DRIVE WILTON MANORS FL 33305 WILTON MANORS FL 33305		DO NOT WRITE IN THIS COACE						
21 Suite, Apt. #,	WILTON MANORS FL 33305 WILTON MANORS FL 33305		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified						
21 Suite, Apt. #,						06/17/1986			
I Suite, Apt. #.	ce of Business	2a. Mailing Address		-		4. FEI Number		Applied For	
I Suite, Apt. #.		26				59-2692439		Not Applicable	
1991	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
City & State		City & State			· · · · · · · · · · · · · · · · · · ·			Required	
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip			Trust Fund Contribution L. Added to Fees  8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered	Agent		
	CHESON, JOHN BRIAN			81	Name			i	
	WILTON DRIVE			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
WILI	ON MANORS FL 33305		-	B3					
			[	•					
			- [	64	City	FL	<b>85</b> Zip	Code	
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-	named corpo		changino	its registered	
office or reg agent. I am	gistered agent, or both, in the State familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized rida Statu	ıtes.	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment a	s registered	
SIGNATURE									
12.	gnature, typed or printed name of registered agri OFFICERS ANI		Registered	Ageni	l signature required		DIDEOTO	70 11 40	
TITLE	P	DELETE	1.1 101	F		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	HUTCHESON, JOHN BRIAN	<b></b>	1.2 NA				Ondings		
STREET ADDRESS	2220 WILTON DRIVE				ADDRESS .				
CITY-ST-ZIP	WILTON MANORS FL		1.4 CIT						
TITLE		DELETE	2.1 1(1)				Change	Addition	
NAME			2.2 NA	νŧΕ					
STREET ADDRESS			2.3 STR	EET A	LDDRESS				
CITY-ST-ZIP			2. 4 CIT		- ZIP				
TITLE		☐ DELETE	3.1 TITU				Change	Addition	
NAME CTOSET ADDOTES			3.2 NAA						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CIT 4.1 TITL		+ZIP		Change	Addition	
NAME			4.1 IIIL				onange	☐ vagition	
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITL				Change	☐ Addition	
NAME			5.2 NAN	<b>AE</b>					
STREET ADDRESS			53STR	EET AL	DORESS				
CITY-ST-ZIP			5.4 CITY		ZIP		-		
TITLE		DELETE	6.1 TITE				Change	Addition	
NAME			62 NAM		1			1	
1			•		DDRESS				
	tify that the information supplied we	th this filing does not qualify for	6.4 CITY	rotic	ZIP Constated in Co	ection 119.07(3)(i), Florida Statutes. I further ce	rtifu that th	a information	
STREET ADDRESS CITY+ST-ZIP			63 STR 64 CITY	EET AC	ZIP				