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

**PROFIT** CORPORATION **ANNUAL REPORT** 

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED

DOCUMENT # J23948  1. Corporation Name NATIVE HAMMOCK NURSERY, INC. Principal Place of Business Mailing Address	99 APR 27 PM 1: 31
Principal Place of Business Mailing Address	SEORE WAS SEEDELORIDAGE
Principal Place of Business Mailing Address	
!	
126 NE 2ND STREET CRYSTAL RIVER FL 34428 US US 126 NE 2ND STREET CRYSTAL RIVER FL 34428 US	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed 07/14/1986
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 26	59-2701883 Not Applicable
Suite, Apt. #, etc.  22  27	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State         City & State           23         28	6 Election Campaign Financing Trust Fund Contribution State Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible
24 25 29 30	Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Name 81 Name	
SMITH CAROLYN N 126 NE 2ND STREET 82 Street Ad	dress (P.O. Box Number is Not Acceptable)
CRYSTAL RIVER FL 34428	
84 City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co- office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> <li>SIGNATURE</li> </ol>	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature requi	red when reinstating) DATE

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE DPST 1.1 TITLE Change Addition SMITH, CAROLYN W 900002870419---6 NAME 1.2 NAME 126 NE 2ND STREET -05/11/99 - -01009 - -012 STREET ADDRESS 1.3 STREET ADDRESS **CRYSTAL RIVER FL 34428** \*\*\*\*300.00 \*\*\*\*150.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 21 TITLE 900002870419--6 -05/11/99--01009--013 NWE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*\*17.50 \*\*\*\*\*\*\* Addition CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE [] Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE 62 NAME 60 STREET ADDRESS STREET ADDRESS € 4 CITY-ST-ZIP

14. Thereby 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 trusted 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, with all other like empowered.

SIGNATURE BIGNATURE AND THE OF PRINTED