SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:18

DOCUMENT # J35559 (0)

1. Corporation Name
HILLSIDE NURSERY AND GARDEN CENTER, INC.

Principal Place of Business	Mailing Address
PO BOX 8892 PORT ST LUCIE FL 34985-8892 US	PO BOX 8892 PORT ST LUCIE FL 34985-8892 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 7200 Rosemary Lane	2a. Mailing Address 26 7200 Rosemary Ln
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St Lucie FL	City & State 28 Port St. Lucie FL
Zip / Country 24 34952 / 25 St Lucie USA	Zip / Country 29 34952 / 30 U.S.A.

3. Date Incorporated or Qualified 09/30/1986	3a. Date of Last Report 05/26/1994
4. FEI Number 59-2724088	☐ 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

BAUM, ROBERT M
2328 SE HARRINGTON AVE
STE 1
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: Robert M. Baum
82 Street Address (P.O. Box Number is Not Acceptable): 7200 Rosemary Lane
83:
84 City: Port St Lucie FL 85 Zip Code: 34952

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☐ Change ☐ Addition
NAME	BAUM, ROBERT M	1.2 NAME	Baum Robert M	
STREET ADDRESS	2328 HARRINGTON AVE	1.3 STREET ADDRESS	7200 Rosemary Lane	
CITY-ST-ZIP	PT ST LUCIE FL	1.4 CITY-ST-ZIP	PSL FL 34952	
TITLE	S	2.1 TITLE	S	☐ Change ☐ Addition
NAME	BAUM, KATHLEEN S	2.2 NAME	Baum, Kathleen S	
STREET ADDRESS	2328 HARRINGTON AVE	2.3 STREET ADDRESS	7200 Rosemary Lane	
CITY-ST-ZIP	PT ST LUCIE FL	2.4 CITY-ST-ZIP	PSL FL 34952	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kathleen S. Baum - Kathleen S. Baum 7/28/95 (407) 871-5634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178233 FP