SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51650 (6)

1. Corporation Name
FATHER AND SON NURSERY & SOD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 661 NEW PORT RICHEY FL 34656-7661	P.O. BOX 661 NEW PORT RICHEY FL 34656-7661

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Hudson FL	26 P.O. Box 661
Suite, Apt. #, etc. 22 13838 US 19	Suite, Apt. #, etc. 27
City & State 23 Hudson FL	City & State 28 New Port Richey
Zip 24 34667 Country 25 USA	Zip 29 34656 Country 30 USA

3. Date Incorporated or Qualified: 01/08/1987
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2766171 ☐ 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. The corporation has taken, for intangible tax, under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GIROUARD, DANIELLE
6321 RUNNEL
NEW PORT RICHEY FL 33552

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	GIROUARD, THOMAS	NAME	
STREET ADDRESS	6321 RUNNEL	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	GIROUARD, DANIELLE	NAME	
STREET ADDRESS	6321 RUNNEL	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE	TS	TITLE	☑ Change ☐ Addition
NAME	GIROUARD, ELAINE	NAME	Delete
STREET ADDRESS	6321 RUNNEL	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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(1)(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: Danielle Girouard, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Danielle Girouard, President

CR2E034 (3/95)