FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(904) 488-9000

APPROVED AND FILED

95 MAY -1 AM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J57035** **(4)**

1. Current Name
MORE WITH LES HORTICULTURE, INC.

Principal Place of Business
POST OFFICE BOX 274104
TAMPA FL 33688-4104

Mailing Address
POST OFFICE BOX 274104
TAMPA FL 33688-4104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/10/1987**
3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business
21 **2019 EAST STUART ST.**
22 Suite, Apt. #, etc.
23 City & State: **TAMPA, FLORIDA**
24 Zip: **33605** 25 County: **Hillsborough**

2a. Mailing Address
26 **2019 E. STUART STREET**
27 Suite, Apt. #, etc.
28 City & State: **TAMPA, FLORIDA**
29 Zip: **33605** 30 County: **Hillsborough**

4. FEI Number: **59-2819250** ☐ 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

BOYER, GREGORY F
2522 LAKE ELLEN LANE
TAMPA FL 33618

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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1 TITLE	PSTD	1 TITLE	PSTD ☒ Change ☐ Addition
2 NAME	LODICO, MARC A.	2 NAME	LODICO, MARC A.
3 STREET ADDRESS	N/A P.O. BOX 274104	3 STREET ADDRESS	2019 E. STUART STREET
4 CITY ST ZIP	TAMPA FL 33688-4104	4 CITY ST ZIP	TAMPA, FL 33605
5 TITLE		5 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
7 STREET ADDRESS		7 STREET ADDRESS	
8 CITY ST ZIP		8 CITY ST ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I/We 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: MARC A. LODICO 5-1-95 813-218-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0445068 FP