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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J84033 (6)

1. Corporation Name
PALM BEACH GARDENS NURSERY, INC.

Principal Place of Business
17863 103RD TERRACE NORTH
JUPITER FL 33478

Mailing Address
17863 103RD TERRACE NORTH
JUPITER FL 33478-4701



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified
07/23/1987

3a. Date of Last Report
02/20/1996

4. FEI Number

59-2827620

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

10. Name and Address of New Registered Agent

HIATT, CHARLES R.
300 A1A, E-305
JUPITER FL 33477

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

(If other, type in print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME HIATT, CHARLES R.

12 NAME

STREET ADDRESS 300 A1A, E-305

13 STREET ADDRESS

CITY, ST, ZIP JUPITER FL

14 CITY, ST, ZIP

TITLE VD ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME HIATT, CHARLES O.

22 NAME

STREET ADDRESS 17886 103RD TERRACE NORTH

23 STREET ADDRESS

CITY, ST, ZIP JUPITER FL

24 CITY, ST, ZIP

TITLE SD ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME HIATT, NETTIE L.

32 NAME

STREET ADDRESS 300 A1A, E-305

33 STREET ADDRESS

CITY, ST, ZIP JUPITER FL

34 CITY, ST, ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY, ST, ZIP

44 CITY, ST, ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY, ST, ZIP

54 CITY, ST, ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY, ST, ZIP

64 CITY, ST, ZIP

14. I do hereby 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 is located 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

Date

<5617 747-1747

Daytime Phone #

CR2E034 (9/96)