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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 MAR 28 PM 6:13

DOCUMENT # K03625 (6)

1. Corporation Name

PARAMOUNT NURSERY, INC.

Principal Place of Business	Mailing Address
11334 N. 172ND PL JUPITER FL 33478 US	3620 OAKVIEW CT. THE HAMLET DELRAY BEACH FL 33445 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1987
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0014100 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
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
GRAYSON, HOWARD H. 3620 OAKVIEW COURT THE HAMLET DELRAY BEACH FL 33445	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 (Signature of New Registered Agent, if changed) (Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	GRAYSON, HOWARD H.	12 NAME	
STREET ADDRESS	3620 OAKVIEW CT.	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VP ☒ Change ☐ Addition
NAME	KING, TOM	22 NAME	
STREET ADDRESS	17060 113TH DR., N.	23 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GRAYSON, ANN G.	32 NAME	
STREET ADDRESS	3620 OAKVIEW CT.	33 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	VP ☒ Change ☐ Addition
NAME	TABOR, DARLA S.	42 NAME	
STREET ADDRESS	6522 S.E. CLAIRMONT PL.	43 STREET ADDRESS	5654 S.E. Riverboat Drive Unit 123
CITY ST ZIP	HOBE SOUND FL	44 CITY ST ZIP	Stuart, FL 34997
TITLE		51 TITLE	VPD ☐ Change ☒ Addition
NAME		52 NAME	Grayson, Jeffrey
STREET ADDRESS		53 STREET ADDRESS	3191 Douglas Ave Suite 1002
CITY ST ZIP		54 CITY ST ZIP	Altamonte Springs FL 32714
TITLE		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 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: [signature] 3-17-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #