FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K10626** **(5)**

1. Corporate Name

TREESCAPE NURSERY, INC.

Principal Place of Business	Mailing Address
471 CHURCH ST LONGWOOD FL 32750	471 CHURCH ST LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/05/1988**	3a. Date of Last Report: **02/22/1994**
4. FEI Number: **59-2933862**	☐ 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	

21 Principal Place of Business — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — County 25

26 Mailing Address — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — County 30

9. Name and Address of Current Registered Agent

CAVANAUGH, MICHAEL F.
1713 GARVIN ST
ORLANDO FL 32803

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 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of New Registered Agent, if changing) (Name of New Registered Agent, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
51 TITLE	D	71 TITLE	☐ Change ☐ Addition
52 NAME	CAVANAUGH, MICHAEL F.	72 NAME	
53 STREET ADDRESS	1713 GARVIN ST	73 STREET ADDRESS	
54 CITY ST ZIP	ORLANDO FL	74 CITY ST ZIP	
55 TITLE		75 TITLE	☐ Change ☐ Addition
56 NAME		76 NAME	
57 STREET ADDRESS		77 STREET ADDRESS	
58 CITY ST ZIP		78 CITY ST ZIP	
59 TITLE		79 TITLE	☐ Change ☐ Addition
60 NAME		80 NAME	
61 STREET ADDRESS		81 STREET ADDRESS	
62 CITY ST ZIP		82 CITY ST ZIP	
63 TITLE		83 TITLE	☐ Change ☐ Addition
64 NAME		84 NAME	
65 STREET ADDRESS		85 STREET ADDRESS	
66 CITY ST ZIP		86 CITY ST ZIP	
67 TITLE		87 TITLE	☐ Change ☐ Addition
68 NAME		88 NAME	
69 STREET ADDRESS		89 STREET ADDRESS	
70 CITY ST ZIP		90 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 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: *Michael F. Cavanaugh* MICHAEL F. CAVANAUGH 5-1-95 407 3320695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Federal Payer #

0414926 FP