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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 8:11

DOCUMENT # K33777 (9)

1. Corporation Name
PETERSON DIVERSIFIED NURSERY, INC.

Principal Place of Business
2515 S. PINEHURST CIR.
MELBOURNE FL 32901
US

Mailing Address
2515 S. PINEHURST CIR
MELBOURNE FL 32901
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1988
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 225 N. Gary Rd
22 Suite, Apt. #, etc.
23 City & State: Lakeland FL
24 Zip: 33801
25 County: Polk

2a. Mailing Address
26 P.O. Box 1550
27 Suite, Apt. #, etc.
28 City & State: Granby Co
29 Zip: 80446
30 County: Grand

4. FEI Number: 59-2910573 — 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
WHITE, ELIZABETH K.
2515 S. PINEHURST CIRCLE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name: R. ORTEGA-COWAN
82 Street Address (P.O. Box Number is Not Acceptable): 925 Sea Watch Lane
83
84 City: Vero Beach FL 85 Zip Code: 32963

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] — 3-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1 1 TITLE	☑ Change ☐ Addition — PDS
NAME	HUANG, WILLIAM	1 2 NAME	
STREET ADDRESS	2515 S. PINEHURST CIRCLE	1 3 STREET ADDRESS	5623 Peck Rd
CITY-ST-ZIP	MELBOURNE FL	1 4 CITY-ST-ZIP	Arcadia Ca 91006
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	HUANG, WILLIAM	2 2 NAME	
STREET ADDRESS	2515 S. PINEHURST CIRCLE	2 3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2 4 CITY-ST-ZIP	
TITLE	T	3 1 TITLE	☑ Change ☐ Addition
NAME	WHITE, ELIZABETH	3 2 NAME	
STREET ADDRESS	2515 S. PINEHURST CIRCLE	3 3 STREET ADDRESS	176 Chipmunk Dr
CITY-ST-ZIP	MELBOURNE FL	3 4 CITY-ST-ZIP	Silver Creek Co 80446
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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)(k), 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: Elizabeth K White Treasurer — 3/31/95 — (970)887-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Elizabeth K. White

0000411 CP