FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 **DOCUMENT # K37941** BECKETT LAKE NURSERY, INC. Principal Place of Business Mailing Address 2251 MONTCLAIR RD. 2251 MONTCLAIR RD. CLEARWATER FL 34623 CLEARWATER FL 34623-4325 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1988 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2909535 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Cc 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🗌 No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DOUGLAS, D. SCOTT ESQ 200 GARDEN AVENE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Stat ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered **\$IGNATURE** Signature: type dior printed name of registered agent and title if applicable. Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE TITLE 1.1 TITLE Change Addition WEBB, DAVID B. NAME 1.2 NAME 2109 VICTORIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-S1-ZIF 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition WEBB. JAMES L. NAME 2.2 NAME 867 WEATERS FIELD DR. STREET ADDRESS 2.3 STREET ADDRESS DUNEDIN FL CITY-ST-ZIP 2.4 CHY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE WEBB, JOHN D. NAME 3.2 NAME 2101 VICTORIA DR. STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - Z(P 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 indicated op 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.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

DAVID B. WEBB

1/29/97 813-797-6641

96/6

FILED

Feb 04 1997 8:00am

Secretary of State