Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

-1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K37941

1. Corporation Name

BECKETT LAKE NURSERY, INC.

Country

9. Name and Address of Current Registered Agent

25

Prin	cipal Place of Business
2251	MONTCLAIR RD.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

CLEARWATER FL 34623

21

22

23

24

Zip

Mailing Address

2251 MONTCLAIR RD. CLEARWATER FL 34623

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

26

27

29

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90136 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1988 4. FEI Number

59-2909535

5.. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

DOUGLAS, D. SCOTT ESQ 200 GARDEN AVENE			81	Name				
			82	2 Street Address (P.O. Box Number is Not Acceptable)				
CLEARWAȚER FL 34616					-			
		•	84	City		FL	85 Zip (
office or r	egistered agent, or both, in the S	7.0502 and 607.1508, Florida Statutes, to State of Florida. Such change was author obligations of, Section 607.0505, Florida	rized by	the corpo	corporation submits this statement for the pur pration's board of directors. I hereby accept th	pose of c e appoin	hanging its tment as re	registered gistered
SIGNATURE		4)075- B				DATE		
· ·	Signature, typed or printed name of registers	S AND DIRECTORS	13.	signature	equired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
12.	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITTO		☐ Change	Addition
TITLE	•						_ ,	_
NAME	TIEDE, DITTIE D.		1.2 NAME					
STREET ADDRESS	2109 VICTORIA DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL			-ZIP				Addition
TITLE	VD	☐ DELETE	2.1 TITLE				☐ Change	Nonthou
NAME	WEBB, JAMES L.		2.2 NAME					
STREET ADDRESS	867 WEATERS FIELD DR.	`	2.3 \$TREET	ADDRESS				
CITY-ST-ZIP	DUNEDIN FL		2. 4 CITY-S	T-ZIP	April 19 August	<u> </u>	<u> </u>	
TITLE	S	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	Webb, John D.		3.2 NAME					
STREET ADDRESS	2101 VICTORIA DR.		3.3 STREET	ADORESS				
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-S	f-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME .			4. 2 NAME					
STREET ADDRESS	•		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS		1	5.3 STREET	ADDRESS				
			5.4 CITY-S1	-ZIP				
CITY-ST-ZIP	<u> </u>	□ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
			6.3 STREET	ADDRESS				
STREET ADDRESS			6.4 CITY-S					
CITY-ST-ZIP				-	l 1 in Section 119.07(3)(i), Florida Statutes. I fur			- 4 A !

Country

30

4. I 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 informatio 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 eath; 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, with all other like empowered.

SIGNATURE

SIMUSTURE BECHREL TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/20/99

727-796-7950 Daytime Phone #

-- -- CROENSA (11/08)