FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L22225** **(1)**

1. Corporation Name

TROPICAL HORIZONS NURSERY, INC.

Principal Place of Business	Mailing Address
19800 SW 272 ST HOMESTEAD FL 33031 US	19800 SW 272 ST HOMESTEAD FL 33031 US

3. Date Incorporated or Qualified: **10/12/1989**
3a. Date of Last Report: **04/24/1995**

4. FEI Number: **65-0155440** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BUSS, CHRISTOPHER A.
929 K HAMILTON DRIVE
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name: Buss, Christopher A
82 Street Address (P.O. Box Number is Not Acceptable): 16780 SW 280 St
83
84 City: Homestead FL 85 Zip Code: 33031

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: Christopher A Buss (Typed or Printed Name of Person Signing) (Registered Agent Signature Required When Applicable) DATE: 4-27-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BUSS, CHRISTOPHER A.		1.2 NAME		
STREET ADDRESS	929 K HAMILTON DRIVE		1.3 STREET ADDRESS	16780 SW 280 St	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	Homestead Fl	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BUSS, ALISON		2.2 NAME		
STREET ADDRESS	929 K HAMILTON DRIVE		2.3 STREET ADDRESS	16780 SW 280 St	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	Homestead Fl	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Christopher A Buss Christopher A Buss 4-27-96 305 247333/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #