

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L34773 (6)

1. Corporation Name

LANTANA ROAD NURSERY, INC.

Principal Place of Business

Mailing Address

C/O JEFF TOMBERG
626 S.E. 4TH ST.
BOYNTON BEACH FL 33435

C/O JEFF TOMBERG
626 S.E. 4TH ST.
BOYNTON BEACH FL 33435



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 5299 Lantana Rd.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 33463

29 33463

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/05/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0161886

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

10. Name and Address of New Registered Agent

TOMBERG, JEFF
626 S.E. 4TH ST.
BOYNTON BEACH FL 33435

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

34 City

FL

85 Zip Code

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, typed or printed name of registered agent and how it appears (Typed or printed name required when first filing)

(Typed or printed name required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
STD	TOMBERG, JEFF	626 S.E. 4TH ST.	BOYNTON BEACH FL	<input type="checkbox"/>
DP	TOMBERG, MARK	1516 S.W. 2ND STREET	BOYNTON BEACH FL	<input type="checkbox"/>
VPO	TOMBERG, LORRAINE	1516 S.W. 2ND STREET	BOYNTON BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96 407-433-9582

Date

Telephone Number

CR2E034 (3/96)