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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L41357** (9)

1. Corporation Name

**HARDEMAN LANDSCAPE NURSERY, INC.**

Principal Place of Business

**3505 NORTH GALLAGHER ROAD  
DOVER FL 33527**

Mailing Address

**P. O. BOX 1980  
SEFFNER FL 33583-1980  
US**

3. Date Incorporated or Qualified  
**01/08/1990**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

25

9. Name and Address of Current Registered Agent

**GRECO, FRANK J. ESQ.  
115 EAST WHITING STREET  
TAMPA FL 33602**

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number  
**59-3017629**

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

81 Name  
**Michael D. Allweiss, Esquire**

82 Street Address (P.O. Box Number is Not Acceptable)  
**111 - 2nd Avenue N.E., Suite 620**

83  
84 City  
**St. Petersburg**

85 Zip Code  
**FL 33701**

11. Pursuant to the provisions of Sections 607.02 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 in name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**4/8/97**

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVD  
HARDEMAN, JEFFREY W.  
3505 N GALLAGHER ROAD  
DOVER FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
HARDEMAN, STEPHANIE P.  
3505 N GALLAGHER ROAD  
DOVER FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0351832

CR2E034 (9/96)