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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:09

DOCUMENT # L42090 (5)

1. Corporation Name
BULK LANDSCAPE SUPPLY INC.

Principal Place of Business	Mailing Address
850 INDIANA AVENUE NORTH ENGLEWOOD FL 34223	~~850 INDIANA AVENUE NORTH~~ ~~ENGLEWOOD FL 34223~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 456 W. Dearborn ST	2a. Mailing Address 26 456 W. Dearborn ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Englewood Fl.	City & State 28 Englewood
ZIP 24 34223 Country 25 U.S.	ZIP 29 34223 Country 30 U.S.

3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0169292	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOWALSKI, LORRAINE D. ~~850 INDIANA AVENUE NORTH~~ 456 W Dearborn ST. ENGLEWOOD FL 34223	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KOWALSKI, LORRAINE D.	12 NAME	
STREET ADDRESS	504 CANAL WAY	13 STREET ADDRESS	
CITY ST ZIP	NOKOMIS FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Lorraine D. Kowalski 3/8-95 485-6607
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — Daytime Phone #