FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 15 1997 8:00am

Secretary of State

DOCUMENT # M17817

(1)

K&N	NURSERY, INC.	(1)				# \$ 00.000	# 	<u> </u>	
Principal Plac	e of Business	Mailing Address					8/8/ 9/8/ 8/8/ 6/8/	J/10/ 11/11/10	
11690 SW 248 STREET PRINCETON FL 33032 US		11890 SW 248TH ST PRINCETON FL 33032-4418 US							
						3. Date Incorporated or Qualified 07/10/1985	3a. Date of Las 05/01/199	. '	
2. Principal Place of Business		2a. Mailing Address	h1			4. FEI Number		Applied For	
Suite, Apl. #, etc.		26	Suite, Apt. #, etc.			59-2619578	Not Applicable \$8.75 Additional		
2		27	F 1			5. Certificate of Status Desired		e Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
3		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation has liability for		er s. 199.032,	
<u> </u>	25 9. Name and Address of Currer	29 nt Registered Agent	30]		,	f-Iorida Statutes 10. Name and Address of New Re	Yes No		
KER	RY B NASH			81 Name		10. 110.110.110.110.110.110.110.110.110.	giotorea Agein		
	0 SW 62 PL			82 Street	at Address	s (P.O. Box Number is Not Acceptat	nia)	74 P.C March 18	
	MI FL 33143			51160	1 Address (P.O. Box Number is Not Acceptable)				
				83					
				B4 City			20. 85 7	7ip Code	
44 D		NO. 1007 4500 5: 11 0:				TT 100 6 5010 54 - WW.	- FL	`	
office or r	to the provisions of Sections 607.050 ogistered agent, or both, in the State m tamiliar with acceptance of the sections of the section of the sections of the	22 and 607.1508, Florida Statu A Florida. Such change was	tes, the al authorize	oove-name d by the cc	ed corpor protetion	ation submits this statement for the μ i's board of directors. I hereby accep	ourpose of changing the property of the appointment of the property of the pro	ig its registered Las registered	
	m familiar with and accomplished only	17	lorida Stat	utes.				J	
SIGNATURE	Signature , ped or printer name of registered agr	ent and the if applicable (NO	VASE	Aoent socati	ure required	when reinstating)	1-30-97		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	DERS AND DIRECT	TORS IN 12	
TITLE	DPS	DULLE	117	11 TITLE 12 NAME N		25	Chan	ige 🔲 Addition	
NAME	NASH, KERRY BARBARA		12 N			SH, KERRY 185' SW 1458+. 111111, FL. 33156			
STREET ADDRESS	8120 S.W. 62ND PLACE			REEL ADDRESS	· 79	85' 5 W 143 St.	,		
CITY+ST-ZIP Title	MIAMI FL	DELCTE		TY - \$1 - 2II [:]	m	11m1, 1-C. 3313E	<u>></u>		
NAME			2.1 10			•	Chan	ige L_J Addition	
STREET ADDRESS		•	2.2 N/	ree i adoress	.				
CITY-ST-ZIP				net i Abont 53 1Y-\$1-7 P	,				
TITLE		DELFTE	3.1 10	•			Chan	ige Addition	
NAME		—	3.2 N/					g	
STREET ADDRESS			3.3 \$1	RELT ADORESS	3				
CITY-ST-ZIP			3.4 C	ITY - ST - ZIP					
FITLE		DELETE	4.1 70	ll f			☐ Chan	ge 🔲 Addition	
NAME			4.2 N	AMI					
STREET ADDRESS		•	4.3 S1	REF1 ADDRESS	i				
CITY-ST-ZIP		DELETE		1Y - S1 - ZIP		**************************************			
IITLE IAME :		☐ outli	5 1 TF 5 2 N/				Chan	ge 🔲 Addition	
STREET ADDRESS				reet address					
CITY-ST-ZIP				ntri Aubataa IY-ST-ZiP	<u> </u>				
TITLE		☐ DELETE	6.1 11		·· 		Chang	ge Addition	
NAME			6.2 N/	ME					
STREET ADDRESS			63 S1	REET ADDRESS	;				
XTY-ST-ZIP	7			IY-\$1-ZIF	1				
14. do heret	by certify that the information supplies	d with this filing does not qual			stated in	Section 119.07(3)(i), Florida Statute	s. I further certify the	hat 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 attack tien with an address.