FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67184 (5)

1. Corporate Name
SWAGGERTY BROS. NURSERY, INC.

Principal Place of Business
1818 VOTAW RD
APOPKA FL 32703

Mailing Address
1818 VOTAW RD
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1988
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-2871076 — 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 (21) / Suite, Apt. # (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. # (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

SWAGGERTY, MICHAEL
1427 CEDAR GLEN DR
APOPKA FL ~~32751~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 32703

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: Michael Swaggerty

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SWAGGERTY, MICHAEL L.
STREET ADDRESS	1427 CEDAR GLEN DR
CITY, ST, ZIP	APOPKA FL
TITLE	VP
NAME	SWAGGERTY, D. KIRK
STREET ADDRESS	1252 ERIK COURT
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	S
NAME	CHRISTOFORI, MARK
STREET ADDRESS	154 HOLDERNESS DR
CITY, ST, ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1	☐ Change ☐ Addition	
2	☐ Change ☐ Addition	
3	☑ Change ☐ Addition	Delete Christoforo, Mark
4	☐ Change ☐ Addition	
5	☐ Change ☐ Addition	
6	☐ Change ☐ Addition	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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: Michael Swaggerty — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 407-886-0122

0034606 CP