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

## FILED Mar 02 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) M70346 TIGER LAKE NURSERY, INC. Principal Place of Business Mailing Address 14900 CAMP MACK RD 14900 CAMP MACK ROAD LAKE WALES FL 33853 2288 EXECUTIVE DR. DO NOT WRITE IN THIS SPACE LAKE WALES FL 33853 3. Date Incorporated or Qualified 02/26/1988 2a. Mailing Address 2. Principal Place of Business 4. FELNumber Applied For Not Applicable 59-2876231 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Žψ Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent R1 Name SNIVELY, CHARLES SCOTT 14725 CAMP MACK RD 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SNIVELY, CHARLES SCOTT 1.2 NAME NAME 14725 CAMP MACK RD 1.3 STREET ADDRESS STREET ADDRESS LAKE WALES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE VSD KEEN, DWIGHT H. 2.2 NAME NAME 2752 SAM KEEN RD 2.3 STREET ADDRESS STREET ADDRESS LAKE WALES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 roport or supply mental annual ropor 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 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 of an attar ment with in address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2-24-98

Change

(941) 696.1108

Addition