

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90031 037 \*\*\*150.00

DOCUMENT # M70346

1. Corporation Name

TIGER LAKE NURSERY, INC.

Principal Place of Business

14900 CAMP MACK RD  
LAKE WALES FL 33853  
US

Mailing Address

14900 CAMP MACK ROAD  
2288 EXECUTIVE DR.  
LAKE WALES FL 33853  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1988

4. FEI Number

59-2876231

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2752 Sam Keen Rd.

Suite, Apt. #, etc.

22

City & State

23 Lake Wales, FL

Zip

24 33853

Country

25 Polk

2a. Mailing Address

26 2752 Sam Keen Rd.

Suite, Apt. #, etc.

27

City & State

28 Lake Wales, FL

Zip

29 33853

Country

30 Polk

9. Name and Address of Current Registered Agent

SNIVELY, CHARLES SCOTT  
14725 CAMP MACK RD  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

Dwight H. Keen

82 Street Address (P.O. Box Number is Not Acceptable)

2752 Sam Keen Rd.

83

84 City

Lake Wales,

FL

85 Zip Code

33853

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

*Dwight H. Keen*

Dwight H. Keen, Pres.

4-1-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SNIVELY, CHARLES SCOTT  
STREET ADDRESS 14725 CAMP MACK RD  
CITY-ST-ZIP LAKE WALES FL

TITLE VSD ☐ DELETE

NAME KEEN, DWIGHT H.  
STREET ADDRESS 2752 SAM KEEN RD  
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PD  
2.3 STREET ADDRESS DWIGHT H. KEEN  
2.4 CITY-ST-ZIP 2752 SAM KEEN RD.  
LAKE WALES, FL 33853

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VSD  
3.3 STREET ADDRESS SUSAN C. KEEN  
3.4 CITY-ST-ZIP 2752 SAM KEEN RD.  
LAKE WALES, FL 33853

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Dwight H. Keen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

941 692-1009

Daytime Phone #

CR2E034 (11/98)

0431321