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

PROFIT CORPORATION ANNUAL REPORT

1998

PARKS NURSERY AND FOLIAGE CO., INC.

DOCUMENT #



ELORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(2)

FILED
May 15 1998 8:00am
Secretary of State



								MK		
Principal Place of Business Mailing Address						. 10010011 111 10010 11101 10101 10101 10101				
2475 PLYMOUTH SORRENTO RD. 2475 PLYMOUTH SORRENTO RD. PLYMOUTH FL 32768 PLYMOUTH FL 32768										
PLYMOUTH FL 32768	OUTH FL 32/68	H FL 32768			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified				
						03/24/1988				
2. Principal Place of Business	2a. Ma	iling Address				4. FEI Number		Aŗ	oplied For	
<u>1]</u>	26					59-2880691			ot Applicable	
Suite, Apt. #, etc.	+ 'n	te, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State	[27]	y & State							equired	
Ony & State	h 1	y & addie				6. Election Campaign Financing 1rust Fund Contribution			May Be to Fees	
	[28] Country Zip		Count	rv		8. This corporation owes or has paid the c				
25	29		30	•		Personal Property Tax due June 30.	Yes	_	No	
	Address of Current Registere	d Agent	1221			10. Name and Address of New Registere	1 Ageni			
PARK, DONALD D			8	1 N	ame					
2475 PLYMOUTH			8	2 0	treet Addre	ss (P.O. Box Number is Not Acceptable)				
PLYMOUTH FL 32768			"	• "	rest Address (1.0. box Namber is Not Acceptable)					
			8	3						
			8	4 0	ity	· · · · · · · · · · · · · · · · · · ·	85	Zin	Code	
			-	1	-	Figuration submits this statement for the purpose on's board of directors. I hereby accept the ap	ᆫᅵ	'		
2.	OFFICERS AND DIRECTOR		13.	gent: sig	Julianie Tedorieu	5 when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN			RS IN 12	
12.			13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOF	RS IN 12	
DPT DATE DOLL		☐ DELETE	1 1 TITLE				Πc	hange	Addition	
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OLIMANTII.	OUTH SORRENTO		13 SIRE							
HTLE SD	F&	DELFTE	1.4 CITY 2.1 TITLE		'	· · · · · · · · · · · · · · · · · · ·	Пс	hange	Addilio	
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ITY-ST-ZIP PLYMOUTH			2 4 011							
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·AME			6.2 NAMI							
STREET ADDRESS			63 STRE	ET ADD	RESS					
CITY OF 71D			f 4 017V							

14. Thereby 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 trostee 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 or an attachment with an address.

SIGNATURE

Showall Andres

4/29/98 407-889-944