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

DOCUMENT # M73582 1. Corporation Name

PARKS NURSERY AND FOLIAGE CO., INC.

Principal Place	of Business	Mailing Address		T (COLORDII 311 19000 III II III III III III III III III	1283) BIRN A1814 AN	131 AIAII 186 1
2475 PLYMOUTH SORRENTO RD		2475-PLYMOUTH SORRENTO PLYMOUTH FL 32788	-ND			
P.O. BOX 380			DO NOT WRITE IN THIS SPACE			
		PLYMOUTH FL	32168	3. Date Incorporated or Qualifed		
		Lymour II PL	. 12/00	03/24/1988		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	lied For
21 2415	PLYMOUTA	26 P_O, BOX	<u>386</u>	59-2880691		Applicable
Suite, Apt. i	#, et ć .	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
22		27				·
City & State	PLYMOUTI,	City & State 28 PLVM 04 th	71	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	· .
Zip	Country	28 PLYMOUTI	Country	This corporation owes the current year In		1000
24 321	68 25 DRENGE		¬ - '	Personal Property Tax.		JNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Name						
	K, DONALD D.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
2475 PLYMOUTH SORRENTO RD.			Garage, rady			
PLYN	MOUTH FL 32768		83			
			84 City		85 Zip Ci	ode
ļ				FL	-	
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	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Agent signature require			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPT	☐ DELETE	1.1 TITLE		Change	Addition
NAME	PARK, DONALD D.		1.2 NAME			
STREET ADDRESS	2475 PLYMOUTH SORRENTO	^/	13 STREET ADDRESS			
CITY-ST-ZIP	PLYMOUTH FL 32169	8	1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	SD SO	☐ DELETE	2.1 TITLE		Criange	☐ Addison
NAME	PARK, GLORIA		2.2 NAME			
STREET ADDRESS	2475 PLYMOUYH SORRENTO PLYMOUTH FL 3276	8	2.3 STREET ADDRESS			
CITY-ST-ZIP	PLIMOUTH FL 3276	DELETE □ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE		□ occir	3.2 NAME			_
NAME			3 3 STREET ADDRESS			
STREET ADDRESS	•		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			}
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_		
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			ĺ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		14 4 . El	6.4 CITY-ST-ZIP	Section 110 07/3/6) Florida Statutes I further ce	etify that the in	formation

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:

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90025 031 ***150.00

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