

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90025 031 ***150.00

DOCUMENT # M73582

1. Corporation Name

PARKS NURSERY AND FOLIAGE CO., INC.

Principal Place of Business

**2475 PLYMOUTH SORRENTO RD.
PLYMOUTH FL 32768**

Mailing Address

~~2475 PLYMOUTH SORRENTO RD.
PLYMOUTH FL 32768~~

**P.O. BOX 386
PLYMOUTH FL 32768**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1988

4. FEI Number

59-2880691

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 2475 Plymouth
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 386
Suite, Apt. #, etc.

City & State

**23 PL, PLYMOUTH,
FL**

City & State

28 PLYMOUTH FL

Zip

24 32768

Country

25 ORANGE

Zip

29 32768

Country

30 ORANGE

9. Name and Address of Current Registered Agent

**PARK, DONALD D.
2475 PLYMOUTH SORRENTO RD.
PLYMOUTH FL 32768**

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

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

Gloria H. Park
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 407-689-9446

CR2E034 (11/98)