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

29

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 05 1998 8:00am

Secretary of State

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Yes

Trust Fund Contribution

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

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

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DOCUMENT # M92225

Country

9. Name and Address of Current Registered Agent

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**COCONUT CREEK FL 33073** 

CAUDLE, RACHEL 5481 RT 2 JOHNSON RD. (5)

JACK'S NURSERY ENTERPRISES, INC.

Principal Place of Business	Maning Aggress			
5461 - RT 2 - JOHNSON RD 5461 - RT 2 - JOHNSON RD COCONUT CREEK FL 33073 COCONUT CREEK FL 33073		DO NOT WRITE IN THI <b>S S</b> PACE		
		3. Date Incorporated or Qualified 08/02/1988		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		
21	26	65-0061194		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		
Cdy & State	City & State	E Floation Compagion Financina CF		

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. Thereby accept the appointment as registered agent. Fam amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

Country

81 Name

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SIGNATURE	Statute Carry Statute, typed or poleted name of regellen is agreed and tiller	if applicable (NOTE	Registered Agent signature requi	
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETÉ	1 1 TITLE	Change Addition
NAME	CAUDLE, RACHEL		1.2 NAME	
STREET ADDRESS	5461 RT 2, JOHNSON RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY - S1 - ZIP	
TITLE	D	☐ DELFTE	2 1 TITLE	Change Addition
NAME	CAUDLE, RITA		2.2 NAME	
STREET ADDRESS	<b>54</b> 61 RT 2, JOHNSON RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		2. 4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME	CAUDLE, GARY		3 2 NAME	
STREET ADDRESS	\$461 RT 2, JOHNSON RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-7IP	
TITLE		☐ DELETE	4.1 THLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - S1 - ZIP	
TITLE		☐ DELFTE	5.1 TITLE	Change Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DETE	61 TALE	Change Additio
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
			0.4.000 01.200	

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.