

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 11:55 12:26

DOCUMENT # P03111 (2)
1. Corporation Name
FRANK'S NURSERY & CRAFTS, INC.

Principal Place of Business Mailing Address
6501 E NEVADA DETROIT MI 48234 **6501 E NEVADA DETROIT MI 48234**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/22/1984	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		38-1561374	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicable NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, HARRIS J.	12 NAME	
STREET ADDRESS	METRO CENTER, ONE STATIO	13 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGARRO, JOHN R.	22 NAME	
STREET ADDRESS	6501 E NEVADA	23 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI	24 CITY - ST - ZIP	
TITLE	AVP	31 TITLE	ASST. CONTROLLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, EDWARD J.	32 NAME	
STREET ADDRESS	6501 E NEVADA	33 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI	34 CITY - ST - ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, JAMES R	42 NAME	
STREET ADDRESS	6501 E NEVADA	43 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI	44 CITY - ST - ZIP	
TITLE	VT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVEJOY, ROBERT M.	52 NAME	
STREET ADDRESS	6501 E NEVADA	53 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI	54 CITY - ST - ZIP	
TITLE	President	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT A. HESSLER	62 NAME	
STREET ADDRESS	6501 E. NEVADA	63 STREET ADDRESS	
CITY - ST - ZIP	DETROIT, MI 48234	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE: Edward Jackson / **Edward Jackson** **3-27-95** **(313) 366-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number