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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 DEC 26 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03111

(2)

1. Corporation Name

FRANK'S NURSERY & CRAFTS, INC.

Principal Place of Business

6501 E NEVADA
DETROIT MI 48234

Mailing Address

6501 E NEVADA
DETROIT MI 48234-2833

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current 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

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ASHTON, HARRIS J.
METRO CENTER, ONE STATIO
STAMFORD CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HESSLER, SCOTT A
6501 E. NEVADA
DETROIT MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AC
JACKSON, EDWARD J.
6501 E NEVADA
DETROIT MI

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIMPSON, JAMES R
6501 E NEVADA
DETROIT MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
LOVEJOY, ROBERT M.
6501 E NEVADA
DETROIT MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
EVERINGHAM, J. T
6501 E NEVADA
DETROIT MI

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

ERNEST W. TOWNSEND

700002384647-00

-12/29/97-01061-008

****750.00 ****750.00

REINSTATEMENT

97

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE:

JAMES R. SIMPSON

12/23/97 (313) 366-8400

CR2E034 (9/96)