

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000002040 (3)

1. Corporation Name

PEERLESS PLANTS OF FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:57

Principal Place of Business

Mailing Address

1048 N USTLER RD
APOPKA FL 32712

1048 N USTLER RD
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

04/04/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3139049

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATHAM, PETER G
111 N ORANGE AVE
SUITE 1800
ORLANDO FL 32801

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BOOGAART, JOSEPH D
STREET ADDRESS	1048 N USTLER RD
CITY- ST- ZIP	APOPKA FL 32712
TITLE	D
NAME	WALTERS, GEORGE
STREET ADDRESS	25603 TROON AVE
CITY- ST- ZIP	MT PLYMOUTH FL 32776
TITLE	D
NAME	WERT, CHARLES
STREET ADDRESS	2236 RED EMBER RD
CITY- ST- ZIP	OVIEDO FL 32765
TITLE	D
NAME	MAGUIRE, ROBERT
STREET ADDRESS	302 W ORANGE ST
CITY- ST- ZIP	GROVELAND FL 34738
TITLE	D
NAME	MAGUIRE, GARY
STREET ADDRESS	1134 VIRGINIA AVE
CITY- ST- ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph D. Boogaart

2/7/95 407-889-7117