

037
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000002040 (3)

1. Corporation Name

PEERLESS PLANTS OF FLORIDA, INC.



Principal Place of Business

1048 N USTLER RD
APOPKA FL 32712

Mailing Address

1048 N USTLER RD
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1992

4. FEI Number

59-3139049

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 or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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

10. Name and Address of New Registered Agent

81 Name

JOSEPH D. BOOGAART

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

1048 N. USTLER ROAD

83

84 City

APOPKA

FL

85 Zip Code

32712

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

Joseph D. Boogaart
JOSEPH D BOOGAART

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 BOOGAART, JOSEPH D
STREET ADDRESS 1048 N USTLER RD
CITY-ST-ZIP APOPKA FL 32712

☐ DELETE

TITLE
NAME WALTERS, GEORGE
STREET ADDRESS 25603 TROON AVE
CITY-ST-ZIP MT PLYMOUTH FL 32776

☐ DELETE

TITLE
NAME WERT, CHARLES
STREET ADDRESS 2236 RED EMBER RD
CITY-ST-ZIP OVIEDO FL 32765

☐ DELETE

TITLE
NAME MAGUIRE, ROBERT
STREET ADDRESS 302 W ORANGE ST
CITY-ST-ZIP GROVELAND FL 34738

☐ DELETE

TITLE
NAME MAGUIRE, GARY
STREET ADDRESS 1134 VIRGINIA AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

Joseph D. Boogaart
JOSEPH D BOOGAART

CR2E034 (10/97)