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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:42

DOCUMENT # P92000006588 (7)

1. Corporation Name
HORTICULTURAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
6203 US 41 NORTH APOLLO BEACH FL 33542 US	P.O. BOX 3172 APOLLO BEACH FL 33542 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-3153378	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 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

GRAMLING, HUGH M
507 W. REYNOLDS STREET
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

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 the 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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	GRAMLING, HUGH M	12 NAME	
STREET ADDRESS	507 W. REYNOLDS STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ELSBERRY, BRUCE P	22 NAME	
STREET ADDRESS	P.O. BOX 3172/6203 US 41 N	23 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☒ Change ☐ Addition
NAME	ELSBERRY, DONALD L	32 NAME	DELETE
STREET ADDRESS	101 BK BEND ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	VP ☒ Change ☐ Addition
NAME	ELSBERRY, TERRY L	42 NAME	
STREET ADDRESS	P.O. BOX 3172/6203 US 41 N	43 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ELSBERRY, ROSS S	52 NAME	
STREET ADDRESS	P.O. BOX 3172/6203 US 41 N	53 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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: Hal Gramling SV 3/9/95 645-4450 813-645-54
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000035 CP