

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. McQuinn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PH 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010114 (6)

1. Corporation Name

YOUNG'S POTTED PLANT STORE INC.

Principal Place of Business

524 GULF BAY ROAD
LONGBOAT KEY FL 34228

Mailing Address

5121 EHRLICH RD.
BLDG. 107 STE. B
TAMPA FL 33624
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/04/1992

3a. Date of Last Report
04/22/1994

4. FEI Number
59-3152367

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o WALTER SANDERS

22 City & State

27 13910 N DALE MABRY SUITE 1

23 Zip Country

28 TAMPA, FL Zip Country

24 33618 25 US

29 33618 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, WALTER
5121 EHRLICH RD.
BLDG. 107 STE. B
TAMPA FL 33624

81 Name
SANDERS, WALTER
82 Street Address (P.O. Box Number is Not Acceptable)
13910 NORTH DALE MABRY HWY
83 SUITE ONE
84 City TAMPA FL 85 Zip Code 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Walter Sanders

(NOTE: Registered Agent signature required when resigning)

2/22/95
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME YOUNG, LESLIE JOHN
STREET ADDRESS 524 GULF BAY ROAD
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE V
NAME BERGBREITER, MELINDA
STREET ADDRESS 103 11TH STREET SOUTH
CITY-ST-ZIP BRADENTON BEACH FL 34217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 119.07(3)(b), Florida Statutes. I further certify that the information filed with the 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. 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:

Leslie Young
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie Young 03-01-95 813-383-2182
Name Signature & Phone #