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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P92000013660 (5) **DOCUMENT #** Corporation Name

CARROOD MILIOLESALE MURSERY INC.

FILED 96 MAY 10 PM 3: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



rincipal Place of I	Business	Maling Address		i i i i i i i i i i i i i i i i i i i		
6202 EUGENE AV TAMPA FL 33619		6202 EUGENE AVE TAMPA FL 33619				
				Date Incorporated or Qualified 12/18/1992	3a. Date of Last 05/01/19	
. Principal Place	of Business	2a. Mailing Address		4. FEI Number		Applied For
, milicipal mase	() D0011033	26		59-3159590		Not Applicable
Suite, Apt. #, 6	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	[] 7 ·	75 Additional e Required
		27		6. Election Campaign Financing		00 May Be
City & State		Gity & State		Trust Fund Contribution		ded to Fees
		28] Zijo	Country	8. This corporation has liability for	intangible tax under	s 199.032,
Zip 1	Country 25	29	30	Florida Statutes X Yes	i □No	
	9 Name and Address of	Current Registered Agent		10. Name and Address of New F	Registered Agent	
			81 Name			
STEELE, P	HILLIP W		82 Street Addi	82 Street Address (P.O. Box Number is Not Acceptable)		
6202 EUGI			1			
TAMPA FL			83			
1,441,111			84 City		FL 85	Zip Code
				oration submits this statement for the pu and of directors. I hereby accept the app	massa of changing it	ts registered office
12.	grature, typied or prefet han electrosech OFFICE	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIFFEC	DIORS IN 12
14.				7101110110		
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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 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 attaching author address.

SIGNATURE:

RE AND TYPED OF THE NAME OF SIGNING OFFICER OR DIRECTOR

5-7-76 913 621 5247