FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017547 (8)**

1. Corporation Name
ARBORTECH NURSERIES, INC.

Principal Place of Business	Mailing Address
201 WEST MARION AVE. SUITE 301 PUNTA GORDA FL	201 WEST MARION AVE. SUITE 301 PUNTA GORDA FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 23371 Harborview Rd	26 23371 Harborview Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Charlotte, FL	City & State 28 Port Charlotte, FL
Zip 24 33980 Country 25 Charlotte	Zip 29 33980 Country 30 Charlotte

4. FEI Number: 65-0470235 ☐ 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

9. Name and Address of Current Registered Agent

WOTITZKY, HAL F
201 WEST MARION AVE.
SUITE 301
PUNTA GORDA FL

10. Name and Address of New Registered Agent

81 Name: Elizabeth Harless
82 Street Address (P.O. Box Number is Not Acceptable): 256 Ambler ST
83
84 City: Port Charlotte FL 85 Zip Code: 33954

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: Elizabeth Harless Elizabeth Harless 2-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	PICERNO, ANTONIO	1.2 NAME	Deleted	
STREET ADDRESS	23371 HARBORVIEW ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	President	☒ Change ☐ Addition
NAME	HARLESS, CHARLES E III	2.2 NAME	Charle E Harless III	
STREET ADDRESS	23371 HARBORVIEW ROAD	2.3 STREET ADDRESS	23371 Harborview Rd	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	2.4 CITY-ST-ZIP	Port Charlotte, FL 33980	
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	Elizabeth Harless	
STREET ADDRESS		3.3 STREET ADDRESS	23371 Harborview Rd	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port Charlotte, FL 33980	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Liz Harless 2-9-95 813-764-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329212 CP