

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # P94000019192 (1)

1. Corporation Name
ROBSON'S NURSERY & LANDSCAPING, INC.

Principal Place of Business
P.O. BOX 1363
OKLAWAHA FL 32179

Mailing Address
P.O. BOX 1363
OKLAWAHA FL 32183-1363



2. Principal Place of Business
21 12108 S. US. HWY 441
State Apt. # etc.

22 City & State
23 BELLEVUE, FL
Zip Country

24 34420 25 U.S.A.

2a. Mailing Address
26 12108 S. US. HWY 441
State Apt. # etc.

27 City & State
28 BELLEVUE, FL
Zip Country

29 34420 30 U.S.A.

3. Date Incorporated or Qualified
03/01/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3226610
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

ROBSON, TED C JR.
15097 SE 99 PL
OKLAWAHA FL 32179

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 607.1506, 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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, 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 a 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ted Robson, Jr.* TED ROBSON, JR. 03/22/97 352-245-6625
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (9/96)