

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032191 (6)

COCOA BEACH NURSERY & GARDEN CENTER, INC.

Principal Place of Business
160 S ORLANDO AVE
COCOA BEACH FL 32931

Mailing Address
160 S ORLANDO AVE
COCOA BEACH FL 32931

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
04/25/1994

3a. Date of Last Report

4. FEI Number
59-3236951

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. The corporation has applied for exemption from under S. 190.092
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANGINO, VINCENT M
1980 N ATLANTIC AVE 402
COCOA BEACH FL 32931

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 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

(Signature of Current Registered Agent or Principal Agent)

(Signature of Registered Agent or Principal Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
D
NAME
HARPER, STEPHANIE D
STREET ADDRESS
1980 N ATLANTIC AVE 402
CITY, ST, ZIP
COCOA BEACH FL 32931
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE
P/T
NAME
ERIC HANEY
STREET ADDRESS
160 S ORLANDO AVE
CITY, ST, ZIP
COCOA BEACH, FL 32931
2. TITLE
V/S
NAME
TRACEY HANEY
STREET ADDRESS
160 S ORLANDO AVE
CITY, ST, ZIP
COCOA BEACH, FL 32931
3. TITLE
NONE
NAME
HARPER, STEPHANIE D
STREET ADDRESS
1980 N ATLANTIC AVE 402
CITY, ST, ZIP
COCOA BEACH, FL 32931
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199.071 (b)(1) Florida Statutes. I further certify that the information included 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 person or persons empowered to make 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:

Eric Haney

ERIC HANEY

4/24/95

(407) 894-2274