

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000034206 (0)**

1. Corporation Name:

MARANATHA NURSERIES, INC.



Principal Place of Business

Mailing Address

**RT 1 BOX 678-25
MYAKKA CITY FL 34251**

**RT 1 BOX 678-25
MYAKKA CITY FL 34251**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

05/01/1995

4. F.E.B. Number

65-0495773

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

10. Name and Address of New Registered Agent

**ALTMAN, JOHN G
RT 1 BOX 678-25
MYAKKA CITY FL 34251**

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

Signature typed or printed in block letters. (Do not use cursive or stylized letters.)

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
ALTMAN, JOHN G
STREET ADDRESS
RT 1 BOX 678-25
CITY-STATE-ZIP
MYAKKA CITY FL 34251

12.2 TITLE ☐ DELETE

NAME
ALTMAN, YVETTE L
STREET ADDRESS
RT 1 BOX 678-25
CITY-STATE-ZIP
MYAKKA CITY FL 34251

12.3 TITLE ☐ DELETE

NAME
ALTMAN, TRACE
STREET ADDRESS
2206 FLORINDA ST
CITY-STATE-ZIP
SARASOTA FL 34231

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

14. I 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier entry 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 this 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 of this report as an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

941 358 8171

CR2E034 (12/95)