SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000050829 (8)

1. Corporation Name

SERENITY HILL HYDROPONIC NURSERIES, INC.

Principal Place of Business	Mailing Address
19201 CEMETERY ROAD UMATILLA FL 32784	19201 CEMETERY ROAD UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 19201 Twin Ponds Rd
22 Suite, Apt. #, etc.:
23 City & State: Umatilla Fl
24 Zip: 34784
25 Country: USA

2a. Mailing Address
26: 19201 Twin Ponds Rd
27 Suite, Apt. #, etc.:
28 City & State: Same
29 Zip: Same
30 Country: Same

4. FEI Number: 59-3251832 ☐ 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

SZYMANSKI, MARK A
19201 CEMETERY ROAD
UMATILLA FL 32784

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President P.D Mark Szymanski 19201 Twin Ponds Rd Umatilla Fl. 32784	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P, D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Presicen. VP, D Nicold Szymanski 19201 Twin Ponds Rd. Umatilla Fl. 32784	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP, D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary S. D. Ruth Tolvo 10241 Misty Meadows Rd Leesburg Fl. 34788	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S, D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer T. D Robert Tolvo 10241 Misty Meadows Rd Leesburg, Fl. 34788	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T, D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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: Mark A Szymanski Mark A. Szymanski 6:4:95 904 664-6452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133269 FP