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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 27 AM 9: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000066190 (7)

1. Corporation Name

LINDA'S NURSERY, INC.

Principal Place of Business	Mailing Address
4019 89TH STREET EAST PALMETTO FL 34221	4019 89TH STREET EAST PALMETTO FL 34221

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report:
4. FEI Number: 65-0528721 ☐ 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

2. Principal Place of Business 21 ___ 2a. Mailing Address 26 ___
Suite, Apt. # etc. 22 ___ Suite, Apt. # etc. 27 ___
City & State 23 ___ City & State 28 ___
Zip 24 ___ Country 25 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

WILLIS, LINDA A
4019 89TH STREET EAST
PALMETTO FL 34221

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WILLIS, LINDA A
STREET ADDRESS	4019 89TH STREET EAST
CITY-ST-ZIP	PALMETTO FL 34221

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries)

4/27/95 [initials]

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(1)(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: Linda A. Willis 3/15/95 813 722-0478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA A. WILLIS

0348034 CP