

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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000066884 (5)**

1. Corporation Name

**P.S.L. PLANT DEPOT, INC.**

Principal Place of Business

**2290 S.E. BLEVEDERE STREET  
PORT ST. LUCIE FL 34984-4790**

Mailing Address

**2290 S.E. BLEVEDERE STREET  
PORT ST. LUCIE FL 34984-4790**

3. Date Incorporated or Qualified  
**09/07/1994**

3a. Date of Last Report  
**04/26/1996**

2. Principal Place of Business

**21 1973 Cheltenham St.**

2a. Mailing Address

**26 1973 Cheltenham St.**

4. FEI Number

**59-3264713**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

**23 Port St Lucie, FL.**

City & State

**28 Port St. Lucie, FL.**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

**24 34983**

**25 USA**

Zip

Country

**29 34983**

**30 USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMLIN, DAVID B  
1973 CHELTENHAM STREET  
PORT ST. LUCIE FL 34983**

**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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>HAMLIN, DAVID B</b>         |                                 |
| STREET ADDRESS | <b>1973 CHELTENHAM STREET</b>  |                                 |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE FL 34983</b> |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. I do hereby 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 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:

**DAVID B. HAMLIN (president)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime Phone #

**841-849-3501**

**4/23/97**

0474802

CR2E034 (9/96)