

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080065 (3)**

1. Corporate Name:

COTTONTOP BOTANICAL GARDEN & ZOO, INC.

Principal Place of Business:

**1876 "E" ROAD
LOXAHATCHEE FL 33470**

Mailing Address:

**1876 "E" ROAD
LOXAHATCHEE FL 33470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0531792

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**

7. Does corporation have liability for a change of law under § 193.002,
Florida Statutes? ☐ Yes ☒ No

2. Principal Place of Business:

21 Same as above

2a. Mailing Address:

25 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State:

24

25

26

27

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

**MARTIN, GERALD A
9040 BELVEDERE RD.
SUITE 200
WEST PALM BEACH FL 33411**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be printed and signed)

Signature of Registered Agent (must be printed and signed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	MARPLE, ERIC T
3. STREET ADDRESS	1876 "E" ROAD
4. CITY, ST, ZIP	LOXAHATCHEE FL 33470
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Section 193.002, Florida Statutes. I further certify that this information is submitted 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. 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 it is being prepared as Block 1 or Block 1A of the filing, or as an attachment with an address.

SIGNATURE:

Eric Marple

Eric Marple

4/10/95

(407)795-1854

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR