

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089559 (6)

1. Corporation Name

GOTHA NURSERY, INC.



Principal Place of Business

Mailing Address

10319 MOORE ROAD
GOTHA FL 34734

10319 MOORE ROAD
GOTHA FL 34734

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 PO Box 197

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

34734

Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORANGE, ROBERT B
10319 MOORE ROAD
GOTHA FL 34734

81 Name

Gindlesperger, Robert B

82 Street Address (P.O. Box Number is Not Acceptable)

10319 Moore Rd

83

84 City

Gotha

FL

85 Zip Code

34734

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

Robert B. Gindlesperger

Pres.

7-1-96

Signature typed or printed name of individual agent and state if applicable

(NOTE: Registered Agent signature required when re-instating)

DAY

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME GINDLESPERGER, ROBERT B
STREET ADDRESS P.O. 103 N/A
CITY-ST-ZIP GOTHA FL 34734

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE VS ☐ DELETE

NAME HASTINGS, KEITH
STREET ADDRESS P.O. BOX 103 N/A
CITY-ST-ZIP GOTHA FL 34734

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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)(c), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Robert B. Gindlesperger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Gindlesperger

6-10-96

407-295-0623

DATE

PHONE NUMBER

CR2E034 (3/96)