

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 25 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 # P95000043667 (1)

1. Corporation Name

CARBET NURSERY, INC.

Principal Place of Business

5115 BONTA DR.
WIMAUMA FL 33598

Mailing Address

PO BOX 5008
SUN CITY CENTER FL 33571
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3318396

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, NEIL D
137 S. PEBBLE BEACH BLVD.
SUITE 201
SUN CITY CENTER FL 33573

81 Name COWAN, HAROLD L.
82 Street Address (P.O. Box Number is Not Acceptable)
137 S. PEBBLE BEACH BLVD.
SUITE 201
83
84 City SUN CITY CENTER FL 85 Zip Code 33573

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]

[Signature]

7/21/97

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 PDC
NAME SMITH, NEIL D
STREET ADDRESS 137 S. PEBBLE BEACH BLVD., #201
CITY-ST-ZIP SUN CITY CENTER FL
☒ DELETE

TITLE TD
NAME COWAN, HAROLD L.
STREET ADDRESS 137 S PEBBLE BEACH BLVD, #201
CITY-ST-ZIP SUN CITY CENTER FL
☐ DELETE

TITLE SD
NAME ELLISON, WILLIAM L.
STREET ADDRESS 137 S PEBBLE BEACH BLVD, #201
CITY-ST-ZIP SUN CITY CENTER FL
☐ DELETE

TITLE VD
NAME STICKLE, RICHARD F.
STREET ADDRESS 5003 BOMITH DR
CITY-ST-ZIP WIMAUMA FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DELETE
☒ Change ☐ Addition

2.1 TITLE PTDC
2.2 NAME COWAN, HAROLD L.
2.3 STREET ADDRESS 137 S PEBBLE BEACH BLVD, #201
2.4 CITY-ST-ZIP SUN CITY CENTER FL
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE VD
4.2 NAME STICKLE, RICHARD F.
4.3 STREET ADDRESS 5003 BONITA DR
4.4 CITY-ST-ZIP WIMAUMA FL
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

HAROLD L. COWAN

7/19/97 @12634-4227

CR2E034 (4/97)