

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90086 030 ***150.00

DOCUMENT # P95000094157

1. Corporation Name

TRI-STAR NURSERY, INC.

Principal Place of Business

1105 BEL AIR DRIVE UNIT B
HIGHLAND BEACH FL 33487

Mailing Address

1105 BEL AIR DRIVE UNIT B
HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1995

4. FEI Number

65-06327.19

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 4900 CLOVER RD
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 276010
Suite, Apt. #, etc.

City & State

23 LAKE WORTH FL

City & State

28 BOCA RATON FL

Zip

24 33463

Country

25 USA

Zip

29 33427

Country

30 USA

9. Name and Address of Current Registered Agent

SHAW, CARL
1105 BEL AIR DRIVE UNIT B
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name

SHAW CARL

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

201 SW 1ST ST UNIT #11

83

84 City

BOCA RATON

FL

85 Zip Code

33427

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

(NOTE: Registered Agent signature required when reinstating)

2/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOLLERN, MICHAEL S
STREET ADDRESS 1105 BEL AIR DRIVE UNIT B
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE D ☐ DELETE

NAME SHAW, CARL
STREET ADDRESS 1105 BEL AIR DRIVE UNIT B
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME HOLLERN MICHAEL
1.3 STREET ADDRESS 6564 EASTVIEW DRIVE
1.4 CITY-ST-ZIP LAKE WORTH FL 33462

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SHAW CARL
2.3 STREET ADDRESS 201 SW 1ST ST UNIT #11
2.4 CITY-ST-ZIP BOCA RATON FL 33427

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

DATE

561-357-1088

Daytime Phone #

037083

CR2E034 (11/98)