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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000044761 (0)

TRIBBLE HORTICULTURAL DESIGN, INC.

Principal Place of Business

801 S. UNIVERSITY, SUITE 138C

Mailing Address

801 S. UNIVERSITY, SUITE 138C PLANTATION FL 33324-3334

## FILED Apr 25 1997 8:00am Secretary of State



PLANTATION FL 33324		PLANTATION FL 33324-3334	PLANTATION FL 33324-3334					
					05/20/1996		te of Last Report	
	lace of Business	2a. Mailing Address			4. FEI Number	<u>'</u>	Applied For	
21		26	26		65-0679072		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	m		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25		Country 30	/	This corporation has liability for in Florida Statutes	ntangible tax ur Yes	nder s. 199.032,	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	elstered Agent		
MUL	LINGS, DORNETT		81	Name				
	47 <b>S. DIXIE HIGHWAY</b> MI FL 33157		82	Street Add	ress (P.O. Box Number is Not Acceptable	le)		
			83					
			84	City		FL 85	Zip Code	
Office of r	<b>registered age</b> nt, or both, in the 51	0502 and 607.1508, Florida Statute ale of Florida. Such change was a digations of, Section 607.0505, Flor	uthorized b	v the corpora	poration submits this statement for the pi tion's board of directors. I hereby accep	urnono ot obon	ging its registered ant as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NOTE	Registered Ag	ent signature requ	ired when reinstaling)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TITLE	D TOURNIE LALIDA I	☐ DELFTE	1.1 31TLE			□ ci	nange 🔲 Addition	
NAME	TRIBBLE, LAURA K.	UTP 4000	1.2 NAME					
STREET ADDRESS	801 S. UNIVERSITY DR., SU	IIIE 138G	1.3 \$1REE	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY - 5	ST-ZIF				
TITLE		☐ DELETE	2.1 TITLE			☐ C	nange LI Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE					
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Пс	nanne Addition	
NAME			3.2 NAME			L.1 (/	range L.J Addition	
STREET ADDRESS			3.3 STREET	Annerss				
CITY-ST-ZIP			3.4. CHY-	!				
TITLE		DELETE	4.1 TITLE	D. EII		☐ Cł	nange Addition	
NAME			4. 2 NAME			_ <del>_</del>		
STREET ADDRESS			43 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	5T - ZIP				
TITLE		DELETE	5.1 TITLE			Cr	nange 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - 9	1-2(P				
TITLE		DELETE	6.1 Trile			☐ CH	nange 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 City-5	7-7IP				

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.

A CONTRACTOR OF THE PARTY OF TH

11/2-10- 001 11-