

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044761 (0)**

1. Corporation Name

TRIBBLE HORTICULTURAL DESIGN, INC.



Principal Place of Business 801 S. UNIVERSITY, SUITE 138C PLANTATION FL 33324	Mailing Address 801 S. UNIVERSITY, SUITE 138C PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 965 N. NOB HILL RD. #155 Suite, Apt. #, etc. 22 ISS City & State 23 PLANTATION, FL Zip 24 33324 Country 25 U.S.A.		2a. Mailing Address 26 965 N. NOB HILL RD. Suite, Apt. #, etc. 27 ISS City & State 28 PLANTATION, FL Zip 29 33324 Country 30 U.S.A.		3. Date Incorporated or Qualified 05/20/1996	4. FEI Number 65-0674072 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. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No					

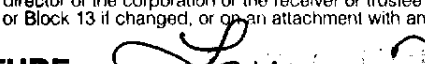
9. Name and Address of Current Registered Agent MULLINGS, DORNETT 17047 S. DIXIE HIGHWAY MIAMI FL 33157				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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  DATE **1**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	D	☒ Change ☐ Addition	
NAME	TRIBBLE, LAURA K.			1.2 NAME	TRIBBLE, LAURA K.		
STREET ADDRESS	801 S. UNIVERSITY DR., SUITE 138C			1.3 STREET ADDRESS	965 N. NOB HILL RD. #155		
CITY-ST-ZIP	PLANTATION FL 33324			1.4 CITY-ST-ZIP	PLANTATION, FL 33324		
TITLE	SECRETARY	☐ DELETE		2.1 TITLE	SECRETARY	☐ Change ☒ Addition	
NAME	MULLINGS, DORNETT			2.2 NAME	MULLINGS, DORNETT		
STREET ADDRESS	17047 S. DIXIE HIGHWAY			2.3 STREET ADDRESS	17047 S. DIXIE HIGHWAY		
CITY-ST-ZIP	MIAMI, FL 33157			2.4 CITY-ST-ZIP	MIAMI, FL 33157		
TITLE		☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE  DATE **05/14/98**

CR2E034 (10/97)