FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P96000056192 (3) JOE STOUT NURSERY, INC. Principal Place of Business Maiting Address 3111 ELMER ST. 3111 ELMER ST. SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/01/1996 2a. Mailing Address 2a. 1829 HANSEN ST 2. Principal Place of Business Applied For 7/30 FRUITVILLE 65-0749898 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State SARASO 7A City & State 6. Election Campaign Financing \$5.00 May Be FL SARASOTA Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 25 SARASOTA SALASO TA Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STOUT, JOE JR. Kilcullen 3111 ELMER ST. 82 SARASOTA FL 34231 83 3 City SALASURA 34231 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 open, 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 accept the obligation of accept the obligations of accept the obligations of accept the obligation of a TREASUMER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE James C. Campbell NAME STOUT, JOE JR 1.2 NAME IBAA HANSEN ST 4904 BELL MEADE DR STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34231 Salabota CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change M Addition TITLE 2.1 TITLE Kilcollen NAME 2.2 NAME 1829 HANSEN STREET ADDRESS 2.3 STREET ADDRESS 34231 SALABOTA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HALF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADORESS CITY - ST - ZW 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

MAME

STREET ADDRESS