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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061690 (9)

TALBOT ROAD NURSERY, INC.

Principal Place of Business Mailing Address 20003 SW 134 AVE 20003 SW 134 AVE MIAMI FL 33177 MIAMI FL 33177

FILED Mar 25 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For 20003 SW 134 AVE 20003 SW 134 AVR 65-0686736 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing miam, FL Micimi 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 25 Dade Ocae Yes Yes Personal Property Tax due June 30. ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BUCHANAN, WINSTON JR** 20003 SW 134 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33177** 83 84 City 85 Zip Code FL 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CRZE034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME **BUCHANAN, WINSTON JR** 1.2 NAME 20003 SW 134 AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TID F NAME LEWIS, DAVID J 2.2 NAME 13390 80 500th St 20003 SW 134 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BUCHANAN, ELIZABETH A NAME 3.2 NAME 20003 SW 134 AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME **BUCHANAN, WINSTON SR** 4.2 NAME 19525 50 248 5+ STREET ADDRESS 20003 SW 134 AVE 4.3 STREET ADDRESS Homestead, FL 33031 MIAMI FL 33177 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETÉ 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-St-ZIP CITY-ST-ZIP

14. Thereby 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 cath; 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.

Elizabeth Bochanan 3/2018 (305)253-))22 SIGNATURE: Balath Bushaman