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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

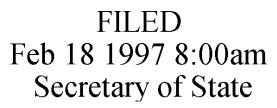
## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # P96000062752 (6)

SHADOW OAKS NURSERY, INC.





Principal Place of Business Mailing Address 2361 FIESTA DRIVE 2361 FIESTA DRIVE SARASOTA FL 34231 SARASOTA FL 342				4410								
							<u> </u>	<ol> <li>Date Incorporated or Qualified 08/01/1996</li> </ol>	<b>3a</b> . Da	te of Last Re	eport	
2. Principal P	Mailing Address					4. FEI Number		Ap	plied For			
21			26					65 068 510	8	No	t Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
			27						<del></del>	Fee Re	<del></del>	
City & State	e	ļ	City & State				- 1	6. Election Campaign Financing		\$5.00		
<b>23</b> Zip	Country	28	Zip	7 7	ountry	<del>,</del>		Trust Fund Contribution	<u> </u>	Added t		
24	25 29			30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
[24]	9. Name and Address of Curre		ered Agent	30	Т		1	0. Name and Address of New Reg				
THE	IS, JOHN R CPA				81	Name						
2651 MAPLELOFT LANE					82	32 Street Address (P.O. Box Number is Not Acceptable)				<del></del>	·	
SARASOTA FL 34232					5tieet Addit			(1.0. Dox Hombol is Not Aposphab				
					63							
					64	City				85 Zip (	Code	
									<u> </u>			
office or r agent 1 a	to the provisions of Sections 607.03 egistered agent, or both, in the Sta manifest with, and accept the obli	te of Florida gations of,	7.1508, Florida Stati a. Such change was Section 607.0505, F	nes, tne authoriz lorida St	above ed by atute:	e-named / the corp s.	corpora coration?	tion submits this statement for the p s board of directors. I hereby accep	urpose or t the app	changing it ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if	appicable. (NC	OTE: Registe	red Ag	nt signature	required w	hen reinstating)	DATE			
12.	OFFICERS A	ND DIREC		13	·		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PTD		DELETE	- 1	TITLE					Change	Addition	
NAME	HANNIGAN, JOHN R 2361 FIESTA DRIVE				NAME							
STREET ADDRESS	SARASOTA FL 34231					ADDRESS						
CITY-ST-7/P TITLE	VSD		DELETE		CITY-S	T-ZIP	<del> </del>			Change	Addition	
NAME	HANNIGAN, DONNA J		L Dutie		NAME					C Cliende	LLI AGGILION	
STREET ADDRESS	2361 FIESTA DRIVE					ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34231				CITY -							
TIZLE			☐ DELETE	_	TITLE	37. 217	ļ	4.7	· ;	Change	Addition	
NAME				1	NAME	ļ				-		
STREET ADORESS				3.3	STREET	ADDRESS						
CITY-ST-ZIP				3.4	. CITY-	ST-ZIP						
TITLE			☐ DELETE	4,1	TITLE					Change	Addition	
NAME				4. 3	2 NAME							
STREET ADDRESS						ADDRESS						
DITY-ST-ZIP			T DELETE		CITY-	T-ZIP	<u> </u>	······································		T-1-25		
TITLE			☐ DELETE		TITLE					☐ Change	Addition	
NAME					NAME							
STREET ADDRESS						ADDRESS						
City-St-ZiP			DELETE		CITY-S	i-ZIP	ļ			Change	Addition	
TITLE			LJ DELLIE		TITLE		1		-	Controlled	المماليس ت	
NAME STREET ADDRESS					NAME	ADDRESS						
CITY-ST-ZIP					CITY-							
2011-21.51	l				011177	,. en	I					

14. 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.

SIGNATURE: