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Secretary of State

03-01-1999 90173 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085157

1. Corporation Name
FLORIDA'S BEST NURSERY, INC.

Principal Place of Business
119 WATERWAY ROAD
ROYAL PALM BEACH FL 33411

Mailing Address
119 WATERWAY ROAD
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number
65-0702702

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business 21 6306 S.W. CARLTON AVE Suite, Apt. #, etc.	2a. Mailing Address 26 6306 S.W. CARLTON AVE Suite, Apt. #, etc.
22 City & State 23 ARCADIA, FL	27 City & State 28 ARCADIA, FL
24 Zip 34266	29 Zip 34266
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

KRUPA, DARLENE E
119 WATERWAY ROAD
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name FOSTER, DARLENE (New Married Name)
82 Street Address (P.O. Box Number is Not Acceptable) 6306 S.W. CARLTON AVE
83 City ARCADIA, FL 34266
84 City FL
85 Zip Code 34266

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 Darlene Foster
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2-10-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> DELETE FOSTER, DARLENE B 119 WATERWAY ROAD ROYAL PALM BEACH FL 33411	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Darlene Foster DARLENE FOSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)