

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 29 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000060309

1. Corporation Name
GREEN LAY NURSERY, INC.

Principal Place of Business Mailing Address
3726 N. Goldenrod Road Suite 1
Winter Park FL 32792-8801

5/24/99 90007000 \$161.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Name and Address of Current Registered Agent

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
7/10/97
4. FEI Number
65-0766898
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

DIANE M. HAMRICH
3726 N GOLDENROD STE 1
WINTER PARK FL 32792

DIANE M. HAMRICH
3726 N GOLDENROD STE 1
WINTER PARK FL 32792

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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. PRESIDENT/DIRECTORS
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP
19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP
23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP
19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP
23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Diane M. Hamrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99
Date

407-671-2121
Daytime Phone #

KE