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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90280 034 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000099847

1. Corporation Name
GERMAN NURSERY, INC.



Principal Place of Business

~~2108 MAIN ST~~
~~SARASOTA FL 34237~~
~~US~~

Mailing Address

~~2108 MAIN ST~~
~~SARASOTA FL 34237~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

65-0802179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 **22267 HERNANDO AVE**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **Port Charlotte FL**

27 City & State

28 Zip

24 **33952-5522** 25 **Charlotte**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER
2108 MAIN STREET
SARASOTA FL 34237

no longer Reg. Agent

10. Name and Address of New Registered Agent

81 Name **Bernd MARZULLA**
82 Street Address (P.O. Box Number is Not Acceptable)
22267 HERNANDO AVE
83
84 City **Port Charlotte** FL 85 Zip Code **33952**

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

Bernd Marzulla (Bernd Marzulla) President

3-31-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MARZULLA, BERND**
STREET ADDRESS **477 BRIGGS AVE #404**
CITY-STATE-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ DELETE

NAME **MARZULLA, HEIDRUN**
STREET ADDRESS **477 BRIGGS AVE #404**
CITY-STATE-ZIP **SARASOTA FL 34237**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Bernd Marzulla **Bernd Marzulla**

3-31-99

941-624-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)