


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000001031

1. Corporation Name  
GREEN MEADOW NURSERY, INC.

Principal Place of Business  
455 KELLY PARK ROAD  
APOPKA FL 32712

Mailing Address  
455 KELLY PARK ROAD  
APOPKA FL 32712

FILED  
Sep 01, 1999 8:00 am  
Secretary of State  
09-01-1999 90009 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/02/1998

4. FEI Number  
59-3502621

Applied For  
Not Applicable

2. Principal Place of Business  
455 Kelly Park Rd  
Suite, Apt. #, etc.  
City & State  
APOPKA, FL  
Zip  
32712

2a. Mailing Address  
445 Kelly Park Road  
Suite, Apt. #, etc.  
City & State  
APOPKA, FL  
Zip  
32712

27. Country  
Orange

28. Country  
Orange

29. Country  
Orange

30. Country  
Orange

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.  
Yes No

9. Name and Address of Current Registered Agent  
PARK, SUK I  
455 KELLY PARK ROAD  
APOPKA FL 32712

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D, P  
PARK, JONG S  
1133 TALL PINE DR  
APOPKA FL 32703

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D, VP  
PARK, SUK I  
1133 TALL PINE DR  
APOPKA FL 32703

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE: SIGNATURE REQUIRED X S. 1 407)628-4553

CR2E034 (5/99)

GREEN MEADOW NURSERY, INC  
445 KELLY PARK ROAD  
APOPKA, FL 32712

P98000001031  
6/16/06-90009-8

STATE OF FLORIDA  
DIVISION OF CORPORATION  
ANNUAL REPORTS FILINGS  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: EXPLANATION OF LATE FILING

To whom it may concern,

We have never received 1<sup>st</sup> Notice of Annual report for the year 1999 since mailing address was not correct. Our correct address is 445 Kelly Park Road, Apopka, Fl 32712 but the address on the annual report was 455 Kelly Park Road, Apopka, Fl 32712. Please waive our late filing penalty for this reason.

Sincerely,

