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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000001530

1. Corporation Name

B & S NURSERY INC.

Principal Place of Business

**1490 S. MILITARY TRAIL
SUITE 3
WEST PALM BEACH FL 33415**

Mailing Address

**1490 S. MILITARY TRAIL
SUITE 3
WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

65-0805078

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 1490 S. Military Trail

2a. Mailing Address

26 Same as Block 2

Suite, Apt. #, etc.

22 Suite 13G

Suite, Apt. #, etc.

27

City & State

23 West Palm Beach, FL

City & State

28

Zip Country

24 33415

25

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOTOLONGO-PLA, JOSE H
1490 S. MILITARY TRAIL
SUITE 3
WEST PALM BEACH FL 33415**

81 Name

BOUCHLAS, SOTERIOS

82 Street Address (P.O. Box Number is Not Acceptable)

83 1490 S. Military Trail Suite 13G

84 City

W. Palm Beach

FL

85 Zip Code

33415

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

SOTERIOS BOUCHLAS, President

2-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SOTOLONGO-PLA, JOSE H**
STREET ADDRESS **1490 S. MILITARY TRAIL, SUITE 3**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ DELETE
NAME **BOUCHLAS, SOTERIOS**
STREET ADDRESS **1490 S. MILITARY TRAIL, SUITE 3**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SOTERIOS BOUCHLAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

561 965-6434

Date

Daytime Phone #

CR2E034 (11/98)