FILED

Mar 11, 1999 8:00 am 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 # P98000024440

CITY-ST-ZIP

SIGNATURE:

TOUCH OF DUTCH NURSERIES, INC.

Principal Place	of Business	Mailing Address				
641 MCDONNELL DRIVE TALLAHASSEE FL 32312		641 MCDONNELL DRIVE TALLAHASSEE FL 32312			1	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					03/16/1998	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59 - 35 0 15 12 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
22 City & State	A	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution . Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	
241	9. Name and Address of Current	Registered Agent	1,		10. Name and Address of New Registered Agent	•
				81 Name C	Beeker lan P.	
	KER, VAN P				dress (P.O. Box Number is Not Acceptable)	
-227 S CALHOUN STREET				213	3. Monroe St. Suite 105	
TALL	AHASSEE FL 32301			83		
				B4 City	85 Zip Code	
				1/2	llahassee FL 32301	
11. Pursuant office or re agent. I as	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statut of Florida. Such change was a ons of, Section 607.0505, Flo	es, the a authorize arida Stat	bove-named co d by the corpora utes.	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
SIGNATORE	Signature, typed or printed name of registered agent			Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	8
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)
TITLE	D COMPANY TO THE REPORT OF THE PERSON OF THE	☐ DELETE	1.1 Ti			*
NAME	KOELEMIJ, JOHN J JR		1.2 N	I .		8
STREET ADORESS	641 MCDONNELL DRIVE			TREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312	O DELETE		TY-ST-ZIP	☐ Change ☐ Addition	ၓ
TITLE	D	☐ DELETE	2.1 TI	}		
NAME	KOELEMU, KAREN ANN		22 N	I .	•	
STREET ADDRESS	641 MCDONNELL DRIVE		- 1	TREET ADDRESS .	••••	
CITY-ST-ZIP	TALLAHASSEE FL 32312	☐ DELETE	_	XTY-ST-ZEP	☐ Change ☐ Addition	
TITLE	D POPURAL NORMATER	□ OCEC IE	3.1 TI		2	
NAME	KOELEMU, JOHN AT SR		3.2 N	1		
STREET ADDRESS	641 MCDONNELL DRIVE			TREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312	DELETE -	34.0	TY-ST-ZIP	Change Addition	
TITLE		ب محدد او	4.2 h			
NAME						
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C	TTY-\$1-78P	☐ Change ☐ Addition	
TITLE		- OLCLIE	5.2 N	1		
NAME AVVICED ADDOCTED				TREET ADDRESS		
STREET ADDRESS				TY-ST-20P	•	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 17		☐ Change ☐ Addition	
NAME		المساد	6.2 N	i i	/	
				TREET ADDRESS	·	
STREET ADDRESS				TY-ST-ZIP	·]	-
CITY-ST-ZIP	i		V-7 V			

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 of 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 Headaged, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR