

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

DOCUMENT # P98000071152

1. Corporation Name

LUHN'S NURSERY & LANDSCAPING, INC.

Principal Place of Business

2626 DUFF RD
LAKELAND FL 33810

Mailing Address

2626 DUFF RD
LAKELAND FL 33810

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90163 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1998

4. FEI Number

3525404

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 8038 PARK BIRD RD

2a. Mailing Address

26 7410 ORANGEVIEW CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKELAND FL

City & State

28 LAKELAND FL

Zip

24 33810

Country

25 POLK

Zip

29 33810

Country

30 POLK

9. Name and Address of Current Registered Agent

PETERSON, ELAINE G
2626 DUFF RD
LAKELAND FL 33810

10. Name and Address of New Registered Agent

81 Name

GRAEME LUHN

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

7410 ORANGEVIEW CIRCLE

83

84 City

LAKELAND

FL

85 Zip Code

33810

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

TITLE D ☐ DELETE

NAME SOCIA, CLARENCE J ~~GRAEME~~

STREET ADDRESS 2626 DUFF RD

CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☒ DELETE

NAME PETERSON, ELAINE

STREET ADDRESS 2626 DUFF RD

CITY-ST-ZIP LAKELAND FL 33810

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME GRAEME LUHN

1.3 STREET ADDRESS 7410 ORANGEVIEW CIRCLE

1.4 CITY-ST-ZIP LAKELAND FL 33810

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 941-859-1407

CR2E034 (1/98)