**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000094165

Country

9. Name and Address of Current Registered Agent

25

580 VILLAGE BLVD, SUITE 160 WEST PALM BEACH FL 33409

CONWAY, JEANNE O

1. Corporation Name

FIVE C'S NURSERY, INC.

Principal Place of Business					
	7928	SOUTH	MILITARY	TRAIL	

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

LAKE WORTH FL 33463

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Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State\_\_\_\_\_

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7928 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/05/1998 Applied For -Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing -Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number Is Not Acceptable) 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition ☐ Addition

FILED

May 05, 1999 8:00 am Secretary of State

05-05-1999 90165 003 \*\*\*150.00

SIGNATURE OFFICERS AND DIRECTORS 12. 13. [ ] DELETE 1111DE 1 2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 City-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE NO RMAN COlice 22 NAME NAME 19513 RINALDI 2.3 STREET ACCRESS MORTH Ridge, CA Emana Cohen(Sec 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 31 TITLE TITLE 32 NAME -19513 RIDALDI ST 3.3 STREET ADDRESS STREET ADDRESS NORTH Ridge CA 3.4. CITY- ST- ZP CITY-ST-ZP ☐ Addition □ DELETE 41 TILE IIILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE IIILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CRY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change DELETE TITLE 6 2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 8.4 CITY-ST-ZIP CITY-ST-ZIP

Country

82

83 84 City

30

14. I hereby certify that the information supplied with this filling 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 suppliemental 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.

OFFICER OR DIRECTOR