

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90102 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000103889

1. Corporation Name

ISLAND GROVE AQUATIC PLANT NURSERY AND LANDSCAPING, INC.

Principal Place of Business

Mailing Address

 928 NW 16TH AVE., SUITE 1
 GAINESVILLE FL 32601

 928 NW 16TH AVE., SUITE 1
 GAINESVILLE FL 32601


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1998

4. FEI Number

59-3548780

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

SALAFRIO, CARL
928 NW 16TH AVE., SUITE 1
GAINESVILLE FL 32601

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE
 President
 Carl Salafrio
 928 NW 16th Ave. Suite 1
 Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE
 Vice President
 Tim Logan
 928 NW 16th Ave. Suite 1
 Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE
 Secretary
 George Foster
 4220 Cortez Blvd.
 Brooksville, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

4/27/99

3523714333

Date

Daytime Phone #

CR2E034 (11/98)

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.