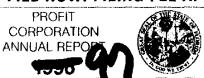
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(4)

INDIAN TRAILS NATIVE NURSERY, INC.

Principal Place of Business

Mailing Address

FILED

97 MAY 13 PN 4 06

SECRETARY OF STATE

10629 ANDERSON LN 10629 ANDERS LAKE WORTH FL 33467 LAKE WORTH											
		·				3.	Date Incorporated or Qualified 01/03/1991	3a. Date 0	of Last 08/1		
Principal Place of Business		Mailing Address				4.	FEI Number	·		Applied For	
21 4315 HARK	LN. W. 26					<u> </u>	65-0233580			Not Applicable	
Sute, Apt. #, etc. 22 Lyke Woe /	_	Suite, Apt. #, etc.				5.	Certificate of Status Desired			75 Additional e Required	
City & State	te City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees				
24 38467 25	Country	Zip	Coun	itry			This corporation has liability for in Florida Statutes Yes		under	s 199.032,	
g. Name and	Address of Current Regist	ered Agent				10.	. Name and Address of New R	egistered A	gent		
](B1	Name					1	
ZAFFKE, MICHAEL				82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)					
10629 ANDERSON LANE LAKE WORTH FL 33467			1	83							
			1	B4	City			FL	85	Zip Code	
 Pursuant to the provisions of or registered agent, or both, familiar with, and accept the SIGNATURE 	f Sections 607.0502 and 607 in the State of Florida. Such obligations of, Section 607.0	,1508, Florida Statute change was authorize 505, Florida Statutes.	s, the aboved by the co	e-ne orpo	amed corpora ration's board	ation s d of di	submits this statement for the pur lirectors. I hereby accept the appo	oose of char introent as n	ging it egister	s registered office ed agent. I am	
Shinar we topod or printe	of name of registered agent and little if a	opticable. [NO]	E: Registered A	geni	signature required			DATE			
12.	OFFICERS AND DIREC		13.				ADDITIONS/CHANGES TO OFF			TORS IN 12	
TITLE DP		DELETE	1. ≨ ∏				•		Chang	···- \	
NAME ZAFFKE, MICHAEL				ME				·			
STREET ADDRESS 10629 ANDE			1.3 STA	EET A	ADDRESS						
CITY-ST-79 LAKE WORT	H FL		1.4 CIT		· ZIP			· · · · · · · · · · · · · · · · · · ·			
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NAME		2.2 NA									
SZBRUCA 133RTS	1				ADDRESS						
CITY ST-70F		C DELETE	2.4 CIT		-ZIP	··			Chang	e Addition	
Till!					1			7			
NAME				3.2 NAME 3.3. STREET ADDRESS			0000021817606 -05/16/9701102010 ****200.00 ****200.00				
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STREET GOORESS										ŀ	
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1		precit	5.2 NA		}			L	0.44.15	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME CHALLE ACODRESC					ADDRESS						
STATELT ADDRESS					1					}	
CITY: \$1-ZIP		DELETE	5.4 CIT 6. 1 7IT	.,	- 2117				Chang	e Addition	
		- Parcese	6.1 (II					-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME					ADDRESS					ľ	
SIRFET ADDRESS			1		1					\	
6/TY - ST - 2/P 14. I do hereby certify that the in	nformation supplied with this	filing is voluntarily furni	6.4 Cit ished and c			r the	exemption stated in Section 119.	07(3)(k), Flori	da Sta	itutes. I further	

intaing furnished and does not qualify for the exemption state in section 19.07 (3), include statutes. The internal mental arrival report is true and accurate and that my signature shall have the same legal effect as if made under or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certly that the information indicated on this annual report oath, that I am an officer or director of the orporation of appears in Block 12 or Block 13 if manged, or on an att