3-22-95-0-3469-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 22 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26065 (0)

1. Corporation Name
CORAL RIDGE NURSERY, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR. CORAL SPRINGS FL 33065-4126	3300 UNIVERSITY DR. CORAL SPRINGS FL 33065-4126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1991
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0241833 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~KIRKPATRICK, T D~~
C/O CORAL RIDGE NURSERY, INC
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: GORDON, K.Y.
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: _____ 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	RAMSEY, R W	1.2 NAME		
STREET ADDRESS	3300 UNIVERSITY DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGOWAN, J P	2.2 NAME		
STREET ADDRESS	3300 UNIVERSITY DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	~~OD~~	3.1 TITLE	C	☑ Change ☐ Addition
NAME	KOSTE, B R	3.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	DYESS, D.R.	4.2 NAME		
STREET ADDRESS	3300 UNIVERSITY DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	~~BAKER, R W~~	5.2 NAME	FAUST, R.E.	
STREET ADDRESS	~~6 GATEWAY CENTER~~	5.3 STREET ADDRESS	801 Laurel Oak Drive	
CITY-ST-ZIP	~~PITTSBURGH PA~~	5.4 CITY-ST-ZIP	Naples, FL	
TITLE	~~AS~~	6.1 TITLE	Controller/AS	☐ Change ☐ Addition
NAME	~~KIRKPATRICK, T D~~	6.2 NAME	MUCCI, M.E.	
STREET ADDRESS	3300 UNIVER DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ R. W. Ramsey, President 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0100403 CP