

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S30918** (4)

1. Corporation Name
HARDINGS NURSERY INC.



Principal Place of Business: **12869 OLIVE JONES RD TAMPA FL 33625 US**
Mailing Address: **14517 MECCA PLACE TAMPA FL 33625**

3. Date Incorporated or Qualified: **02/11/1991**
3a. Date of Last Report: **04/27/1995**

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

4. FEI Number: **59-3047031**
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

**HARDING, CHARLES
14517 MECCA PLACE
TAMPA FL 33625**

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: _____ DATE: _____
Signature typed or printed name of registered agent to file this report. (If FILE: Registered Agent Signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, CHARLES	2 NAME
STREET ADDRESS	14517 MECCA PL	3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME
STREET ADDRESS		2 3 STREET ADDRESS
CITY-ST-ZIP		2 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		3 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY-ST-ZIP		4 4 CITY-ST-ZIP
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CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		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)(k), 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: **4/22/96** **813-961-5656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)