

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 521460

**Entity Name:** LUKAS NURSERY & GARDEN SHOP, INC.**Current Principal Place of Business:**1909 SLAVIA ROAD  
OVIEDO, FL 32765**Current Mailing Address:**1909 SLAVIA ROAD  
OVIEDO, FL 32765**FEI Number:** 59-1707563**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUKAS, CALEB N  
1909 SLAVIA ROAD  
OVIEDO, FL 32765 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** CALEB N LUKAS

01/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LUKAS, PHILIP N  
Address        1929 SLAVIA RD  
City-State-Zip: OVIEDO FL 32765

Title            VP, DIRECTOR  
Name            LUKAS, STANLEY T II  
Address        560 SNOWHILL ROAD  
City-State-Zip: GENEVA FL 32732

Title            TREASURER, DIRECTOR  
Name            LUKAS, CALEB N  
Address        1275 E RED BUG RD  
City-State-Zip: OVIEDO FL 32765

Title            DIRECTOR  
Name            LUKAS, LEE J  
Address        1929 SLAVIA RD  
City-State-Zip: OVIEDO FL 32765

Title            SECRETARY, DIRECTOR  
Name            LUKAS, CECELIA C  
Address        1275 E RED BUG RD  
City-State-Zip: OVIEDO FL 32765

Title            DIRECTOR  
Name            LUKAS, PAUL M JR.  
Address        395 GOBBLERS LODGE ROAD  
City-State-Zip: OSTEEN FL 32764

Title            DIRECTOR  
Name            LUKAS, GERTRUDE  
Address        2411 CHURCH ST  
City-State-Zip: OVIEDO FL 32765

Title            DIRECTOR  
Name            LUKAS, LORIN R  
Address        1929 SLAVIA ROAD  
City-State-Zip: OVIEDO FL 32765

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CALEB N. LUKAS

TREASURER

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	LUKAS, JONATHAN S
Address	300 W. MITCHELL HAMMOCK RD SUITE 8
City-State-Zip:	OVIEDO FL 32765