

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F66302

**Entity Name:** Q. MITCHELL NURSERY, LANDSCAPING, WELLS & SPRINKLERS, INC.

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC0833145325**

**Current Principal Place of Business:**

2816 W. SUNRISE BLVD.  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

2816 W. SUNRISE BLVD.  
FT LAUDERDALE, FL 33311

**FEI Number: 59-2389720**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, ALTHMEASE  
2816 W. SUNRISE BLVD.  
FT LAUDERDALE, FL 33311 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title V  
Name MITCHELL, MICHAEL  
Address 2936 NW 8TH PLACE  
City-State-Zip: FT LAUDERDALE FL 33311

Title PRESIDENT  
Name BROWN, ALTHMEASE  
Address 2816 WEST SUNRISE BLVD  
City-State-Zip: FT LAUDERDALE FL 33311

Title S  
Name BROWN, ALLEN  
Address 2816 W. SUNRISE BLVD.  
City-State-Zip: FT LAUDERDALE FL 33311

*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: ALTHMEASE BROWN**

**PRESIDENT**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date