The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of	f Florida.
	0.4

SIGNATURE	: TEMPLE DRUMMOND			04/05/2019		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PVD	Title	STD			
Name	HARDEMAN, JEFFREY W.	Name	HARDEMAN, STEPHANIE P.			
Address	3505 N GALLAGHER ROAD	Address	3505 N GALLAGHER ROAD			
City-State-Zip:	DOVER FL 33527	City-State-Zip:	DOVER FL 33527			

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.

**PVD** 

SIGNATURE: HARDEMAN, JEFFREY W.

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41357

#### Entity Name: HARDEMAN LANDSCAPE NURSERY, INC.

# **Current Principal Place of Business:**

2207 NORTH A ST TAMPA, FL 33606

### **Current Mailing Address:**

P. O. BOX 1980 SEFFNER, FL 33583 US

# FEI Number: 59-3017629

### Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE 6987 E. FOWLER AVE. TAMPA, FL 33617 US

FILED Apr 05, 2019 Secretary of State 9942843952CC

Certificate of Status Desired: Yes

04/05/2019

Date