

2-17-91 B-1320 C-  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 04 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # H35457 (1)**

1. Corporation Name  
**HART'S PLANT NURSERY, INC.**



Principal Place of Business Mailing Address

**% CLYDE A. GARRISON**  
**1404 BLAIR ROAD**  
**JACKSONVILLE FL 32221**

**% CLYDE A. GARRISON**  
~~1404 BLAIR ROAD~~  
**JACKSONVILLE FL 32221-2011**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **14476 SAN PABLO DR N.**

22 City & State 27 **Jacksonville FL**

23 Zip 28 **FL**

24 Country 29 **32224** 30 **DUVAL**

3. Date Incorporated or Qualified **12/15/1984** 3a. Date of Last Report **01/26/1996**

4. FEI Number **59-2474873** 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

**GARRISON, CLYDE A.**  
**1404 BLAIR ROAD**  
**JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable) **14476 SAN PABLO DR N.**  
 83 **Jacksonville**  
 84 City **FL** 85 Zip Code **32224**

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 of principal officer or director of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | <b>V</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>GARRISON, CORRINE</b>  |                                 |
| STREET ADDRESS  | <b>1404 BLAIR ROAD</b>    |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>    |                                 |
| TITLE           | <b>PT</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>GARRISON, CLYDE A.</b> |                                 |
| STREET ADDRESS  | <b>1404 BLAIR ROAD</b>    |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>    |                                 |
| TITLE           | <b>S</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>GARRISON, JENNIFER</b> |                                 |
| STREET ADDRESS  | <b>1404 BLAIR RD</b>      |                                 |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>    |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |
| TITLE           |                           | <input type="checkbox"/> DELETE |
| NAME            |                           |                                 |
| STREET ADDRESS  |                           |                                 |
| CITY - ST - ZIP |                           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  | <b>14476 SAN PABLO DR N.</b>   |
| 1.4 CITY - ST - ZIP | <b>Jacksonville, FL 32224</b>  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  | <b>14476 SAN PABLO DR N.</b>   |
| 2.4 CITY - ST - ZIP | <b>JACKSONVILLE FL 32224</b>   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  | <b>14476 SAN PABLO DR N.</b>   |
| 3.4 CITY - ST - ZIP | <b>JACKSONVILLE FL 32224</b>   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I do hereby certify that the information supplied with this filing 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: *Corrine Garrison* **CORRINE GARRISON** 1-10-97 904 781-7910  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)