FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor[illegible]n
Secretary of S[illegible]
DIVISION OF CORPO[illegible]TIONS

FILED
Jan 19 1996 8:00 am
Secretary of State

DOCUMENT # **598883** **(7)**

1. Corporation Name
MALLOY'S NURSERY, INC.

Principal Place of Business	Mailing Address
U.S. 19 NORTH POST OFFICE BOX 224 MONTICELLO FL 32344	U.S. 19 NORTH POST OFFICE BOX 224 MONTICELLO FL 32344

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

3. Date Incorporated or Qualified: **12/29/1978**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-2007989** ☐ 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

MALLOY, WOODROW W
U.S.90 WEST
MONTICELLO FL FL 32344

[illegible]

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 Woodrow W. Malloy Woodrow W. Malloy 1/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	MALLOY, WOODROW W	
STREET ADDRESS	US.90 WEST	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	VPD	☐ DELETE
NAME	MALLOY, CLYDE	
STREET ADDRESS	250 W WASHINGTON ST	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	SD	☐ DELETE
NAME	RITTER, LOIS M	
STREET ADDRESS	US 90 WEST	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	TD	☑ DELETE
NAME	MALLOY, ADELL	
STREET ADDRESS	US 90 WEST	
CITY-ST-ZIP	MONTICELLO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPD	☐ Change ☑ Addition
1.2 NAME	MALLOY, HAROLD	
1.3 STREET ADDRESS	U.S. 19 North	
1.4 CITY-ST-ZIP	Monticello, FL 32344	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Woodrow W. Malloy Woodrow W. Malloy 1/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date