

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90149 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 598883

1. Corporation Name
MALLOY'S NURSERY, INC.

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

Mailing Address
U.S. 19 NORTH
POST OFFICE BOX 224
MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1978	
21		26		4. FEI Number 59-2007989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MALLOY, WOODROW W	1.2 NAME	
STREET ADDRESS	US.90 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MALLOY, CLYDE	2.2 NAME	
STREET ADDRESS	250 W WASHINGTON ST	2.3 STREET ADDRESS	U.S. 19 North
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	RITTER, LOIS M	3.2 NAME	
STREET ADDRESS	US 90 WEST	3.3 STREET ADDRESS	U.S. 19 North
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MALLOY, HAROLD	4.2 NAME	
STREET ADDRESS	U.S. 19 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Harold W. Malloy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Malloy

1-8-99

Date

850-997-3661

Daytime Phone #

CR2E034 (11/98)