

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M73912** (1)

1. Corporation Name  
**MENEFEE NURSERY, INC.**



Principal Place of Business: **5575 HESTER AVE SANFORD FL 32773-3007**  
Mailing Address: **5575 HESTER AVE SANFORD FL 32773-3007**

3. Date Incorporated or Qualified: **03/28/1988**  
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country  
**32773-7006 Seminole**

4. FEI Number: **59-2877398**  
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

**CARLIN, PHILIP A.  
345 E SR 436  
SUITE 101  
FERN PARK FL 32730**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent for the filing of this statement. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MENEFEE, GWENDOLYN	
STREET ADDRESS	5575 HESTER ST.	
CITY-ST-ZIP	SANFORD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MENEFEE, VIOLA	
STREET ADDRESS	5575 HESTER ST.	
CITY-ST-ZIP	SANFORD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MENEFEE, SCOTT, TRACY	
STREET ADDRESS	5575 HESTER ST	
CITY-ST-ZIP	SANFORD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MENEFEE, DWAYNE	
STREET ADDRESS	5575 HESTER ST	
CITY-ST-ZIP	SANFORD FL	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	MENEFEE, LANGSTON	
STREET ADDRESS	5575 HESTER ST	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Gwendolyn Menefee P.D.* **Gwendolyn Menefee P.D.** 4-9-96 407-322-0034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)