2002 for profit corporation FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 02 DEC 26 PM 2: 25 1. Entity Name & K Nursery, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Rt. 3 Box 337 Suite, Apt. #.jetc. Suite, Apt. . etc. City & State City & State Lake Florida Florida 32025 United States \$8.75 Additional 32025 5: Certificate of Status Desired 🕝 🔲 Fee Required Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE/ (NOTC: Registered Agent signature required when relocating January 1 - May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 Tax filling requirement and elects to do so. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE President inte-, =;; CR2E034B (12/01) NAME Kenneth W.H R1.3 Box 337 Lake C.H. FL 32025 NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP city st zir TITLE Vice-President TITLE NAME Gary With Rt.3 Box 337 NAME .. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP Lake City FL 32025 CITY-SILZE TITLE . Treasure-NAME Louise Wift Rt. 3 Box 337 NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY ST ZIP Lake City FL 32025 CHY-ST-ZP 🍹 m.e Secretary Tine: IN THIS SPACE NAME Tracy With NAME S STREET ADDRESS R1.3 Box 337 Lake City FL 32025 STREET ADDRESS CBY-ST-78 ต่าชั-ร*เ-เซ*็ค TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY (ST (ZIP) 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an addated with all other like empowered.

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December 26, 2002

To: Secretary of State, Corporation Division

From: G&K Nursery, Inc.

In reference to my phone conversation on December 26, 2002 in regard to our incorporation application. I was informed that my check was recieved in May and our application was rejected and returned in June witch I have never recieved. I would appreciate you waiving the delequency fees since I never recieved the returned application.

Thank You,

Kennith Witt, President

I NEVER RECEIVE SECOND NOTICE.