PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V22648 1. Corpora ion Name

KEENE'S NURSERY, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90191 030 ***150.00



Denoinal Disc	of Business	Mailing Address					
4176 PINE R) ORANGE PARK FL 32065			4176 PINE RD ORANGE PARK FL 32065		DO NOT WRITE IN TH	1S SPACE	
					3. Date Ir corporated or Qualifed		
					03/17/1992		
2. Principal Pl	lace of Business	2a. Mailing Address		-	4. FEI Number		Applied For
21 26			1		59-3119076	, ,	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional
22		27	27		5. Certificate of Status Desired		Required
City & S:ate		City & State			6. Electio Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		0 May Be
23		28	28				
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	[x]No
	9. Name and Address of C		_ 1		10. Name and Address of New Register	ed Agent	
				81 Name			
KEE	ne, glenda f.			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
4176	PINE ROAD			62 Street Aut	diess (F.O. Box Number is Not Acceptable)		
OFIA	NGE PARK FL 32065			83			
				84 City	F	85 Zi	p Code
44 Diseases of	to the provisions of Scotions 60	7 0502 and 607 1508 Florida St	atures the at	Nove-pamed cor	poration submits this statement for the purpose	of changing i	its registered
office or s	egistered agent or both in the S	State of Florida. Such change was obligations of, Section 607.0505,	is authorized	by the corporat	tion's board of cirectors. I hereby accept the ap	pointment as	reg stered
	m laminar with, and accept the c	obligations of, October 1007.0000,	1 1/1/100 01011				
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (N	IOT :: Registered	Agent signature requi	red when reinstating) DATE		
12.		S ANE DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TI	LE		Chang	e 🗌 Addition
NAME	KEENE, GLENDA		1.2 NAME				
STREET ADORE 3S	4470 BILLE BB		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FI.		1 4 CI	Y-ST-ZIP			
TITLE		☐ DELETE	2.1 TIT	LE		☐ Chang	e 🗌 Addition
NAME			2.2 NA	ME			
STREET ADDRE 3S			2.3 ST	REET ADDRESS			
CITY-ST-ZIP			2. 4 C	TY-ST-ZIP			
TITLE		☐ DELETE				Change	e 🗌 Addition
NAME			3 2 NA	ME			ĺ
STREET ADDRESS			33 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. C	TY-ST-ZIP			
TITLE		☐ DELETE				Chang	e Addition
NAME			4. 2 N	ME			1
ATDEET 4000E VO				REET ADDRESS			
STREET ADURE 35				Y-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE				Chang	je Addition
NAME		<u> </u>	52 NA			•	1
			l l	REET ADDRESS			-
STREET ADDRE 3S				Y-ST-ZIP			į
CITY-ST-ZIP		DELETE					e Addition
TITLE		المامال ال	6.2 NA				_
NAME				REET ADDRESS			
STREET ADDRESS		1	ry-st-zip			1	
L CITY-ST-ZIP	1		0.4 CI	31-20			

14. I hereby / certify that the information supplied with this filing does not qualify fir 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: SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4-,23-99 904-269-2067
Date Date