FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M73912** **(1)**

1. Corporation Name
MENEFEE NURSERY, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/28/1988	02/17/1994

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

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	10. Name and Address of New Registered Agent
CARLIN, PHILIP A. ~~2908 LAKEVIEW DR.~~ 345 E. SR 436 #101 FERN PARK FL 32730	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MENEFEE, GWENDOLYN	12 NAME	
STREET ADDRESS	5575 HESTER ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	MENEFEE, VIOLA	22 NAME	
STREET ADDRESS	5575 HESTER ST.	23 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	MENEFEE, SCOTT, TRACY	32 NAME	
STREET ADDRESS	5575 HESTER ST	33 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MENEFEE, DWAYNE	42 NAME	
STREET ADDRESS	5575 HESTER ST	43 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	44 CITY-ST-ZIP	
TITLE	M	51 TITLE	2ndVPD ☐ Change ☐ Addition
NAME	MENEFEE, LANGSTON	52 NAME	MENEFEE, LANGSTON
STREET ADDRESS	5575 HESTER ST	53 STREET ADDRESS	5575 HESTER AVE
CITY-ST-ZIP	SANFORD FL	54 CITY-ST-ZIP	SANFORD, FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is accurate, that 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: Gwendolyn Menefee Gwendolyn Menefee, 2-25-95, 407-322-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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