

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 166601

**Entity Name:** SOUTHERN STATES NURSERIES INC

**Current Principal Place of Business:**

HIGHWAY 121 SOUTH  
MACCLENNY, FL 32063

**Current Mailing Address:**

5612 SOUTHERN STATE NRSY RD  
MACCLENNY, FL 32063

**FEI Number:** 59-0458275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRASER, RYAN  
HWY 121 SOUTH  
MACCLENNY, FL 32063 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RYAN FRASER

04/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	OFFICER	Title	VP
Name	LONG, MELISSA	Name	FRASER, RYAN T.
Address	8043 STEWART ROAD	Address	HWY 121 SOUTH
City-State-Zip:	MACCLENNY FL 32063	City-State-Zip:	MACCLENNY FL
Title	OFFICER		
Name	THRIFT, JESSALYN		
Address	5726 SOUTHERN STATES NURSERIES ROAD		
City-State-Zip:	MACCLENNY FL 32063		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RYAN T. FRASER

**PRESIDENT**

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date