

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F32344

**Entity Name:** JONES NURSERY, INC.

**Current Principal Place of Business:**

940 MORNINGSIDE DR  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

940 MORNINGSIDE DR  
ENGLEWOOD, FL 34223

**FEI Number:** 59-2125835

**Certificate of Status Desired:** No

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

DUNKIN, DAVID A  
170 W DEARBORN STREET  
ENGLEWOOD, FL 34223 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	DST	Title	DP
Name	JONES, SALLY J	Name	JONES, DAVID
Address	940 MORNINGSIDE DRIVE	Address	940 MORNINGSIDE DRIVE
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	ENGLEWOOD FL 34223

*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:** DAVID JONES

**PRESIDENT**

**03/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date