

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121636

**Entity Name:** HALL'S NURSERIES OF MANDARIN, INC.

**Current Principal Place of Business:**

11524 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

11524 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**FEI Number: 80-0002776**

**Certificate of Status Desired: No**

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

HALL, JOSEPH D  
2140 TREASURE POINT ROAD  
GREEN COVE SPRINGS, FL 32043 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 P  
Name HALL, JOSEPH D  
Address 2140 TREASURE POINT ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title VP  
Name HALL, GEORGE E  
Address 2190 ARON DRIVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title VP  
Name HALL, RUSSELL L  
Address 1898 COMMODORE POINT ROAD  
City-State-Zip: ORANGE PARK FL 32003

Title VP  
Name GOODBREAD, ROBERT L  
Address 2130 TREASURE POINT ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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: JOSEPH D HALL**

**P**

**03/06/2014**

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

\_\_\_\_\_  
Date