

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000022625

**Entity Name:** 3 RIVERS NURSERY INC

**Current Principal Place of Business:**

468 SW EVERGREEN COURT  
FORT WHITE, FL 32038

**Current Mailing Address:**

468 SW EVERGREEN COURT  
FORT WHITE, FL 32038

**FEI Number:** 57-1199959

**Certificate of Status Desired:** No

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

O'QUINN, JUDY W  
468 SW EVERGREEN CT  
FORT WHITE, FL 32038 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 O'QUINN, CLAYTON S  
Address 468 SW EVERGREEN COURT  
City-State-Zip: FORT WHITE FL 32038

Title VP  
Name O'QUINN, JUDY W  
Address 468 SW EVERGREEN COURT  
City-State-Zip: FORT WHITE FL 32038

Title S  
Name WEAKLAND, KAREN K  
Address 468 SW EVERGREEN COURT  
City-State-Zip: FORT WHITE FL 32038

*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:** KAREN WEAKLAND

**OFFICE TROLL/CORP SE 01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date