FEI Number: 57-1199959		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
WEAKLAND, KA 468 SW EVERO FORT WHITE, I	GREEN CT			
The above named	l entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE	: KAREN WEAKLAND			01/16/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	O'QUINN, CLAYTON S	Name	O'QUINN, JUDY W	
Address	468 SW EVERGREEN COURT	Address	468 SW EVERGREEN COURT	
City-State-Zip:	FORT WHITE FL 32038	City-State-Zip:	FORT WHITE FL 32038	
Title	S			
Name	WEAKLAND, KAREN			
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

Electronic Signature of Signing Officer/Director Detail

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

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2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2018 **Secretary of State** CC8778585572

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