

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000020516

**Entity Name:** FLORIDA NATIVES NURSERY, INC.

**Current Principal Place of Business:**

4115 NATIVE GARDEN DR  
PLANT CITY, FL 33565

**Current Mailing Address:**

4115 NATIVE GARDEN DR  
PLANT CITY, FL 33565

**FEI Number:** 59-3561539

**Certificate of Status Desired:** No

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

MERADITH, REGINA M  
4115 NATIVE GARDEN DR.  
PLANT CITY, FL 33565 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	Title	VP
Name	MILAM, LAURIE R	Name	CAPPARELLI, BRIAN
Address	4115 NATIVE GARDEN DR	Address	6711 FIVE ACRE RD
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565

*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:** LAURIE MILAM

**PRESIDENT**

**01/30/2023**

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

\_\_\_\_\_  
Date