

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1996 08:00 AM
Secretary of State

DOCUMENT # **147557** (3)

1. Corporation Name
MAY NURSERY, INC.



Principal Place of Business: **ROUTE 5 BOX M HAVANA FL 32333**
Mailing Address: **ROUTE 5 BOX M HAVANA FL 32333**

3. Date Incorporated or Qualified: **06/24/1946** 3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-0626890** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. State, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAY, DONALD F. JR.
ROUTE 2 BOX 156C
QUINCY FL 32351**

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.07(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0705, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAY, FRED C		2. NAME:	
STREET ADDRESS: 681 FOREST LAIR		3. STREET ADDRESS:	
CITY-STATE-ZIP: TALLAHASSEE FL		4. CITY-STATE-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAY, FOUNTAIN H. SR.		2. NAME:	
STREET ADDRESS: 219 N JACKSON ST		2.3 STREET ADDRESS:	
CITY-STATE-ZIP: QUINCY FL		2.4 CITY-STATE-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAY, JOHN B		3.2 NAME:	
STREET ADDRESS: RT 2 BOX 203		3.3 STREET ADDRESS:	
CITY-STATE-ZIP: QUINCY FL		3.4 CITY-STATE-ZIP:	
TITLE: TD	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAY, DONALD F. JR.		4.2 NAME:	
STREET ADDRESS: RT 2 BOX 156C		4.3 STREET ADDRESS:	
CITY-STATE-ZIP: QUINCY FL		4.4 CITY-STATE-ZIP:	
TITLE: VD	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAY, FOUNTAIN H. JR.		5.2 NAME:	
STREET ADDRESS: RT 2 BOX 189C		5.3 STREET ADDRESS:	
CITY-STATE-ZIP: QUINCY FL		5.4 CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Don May Jr* 2/23/96 904-539-6495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)