

**COMPANIES
ANNUAL REPORT
1995**

**Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS**

95 APR 24 AM 7:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 294519

(4)

1. Corporation Name

NORTHCUT & SONS NURSERY INC

Principal Place of Business

**14041 SW 320 STR
DADE CO FL 33030
US**

Mailing Address

**PO BOX 900-999
HOMESTEAD FL 33080
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1965

3a. Date of Last Report

03/03/1994

4. FEI Number

59-1105126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

25

Country

29

Zip

30

Country

10. Name and Address of New Registered Agent

**NORTHCUT, DONALD A
14041 SW 320 STR
PO BOX 900-999
HOMESTEAD FL 33090**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **NORTHCUT, DONALD A**
STREET ADDRESS **14041 SW 320 EAST MOWRY, P. O. BOX 900-999**
CITY - ST - ZIP **HOMESTEAD FL 33090**

TITLE **SD**
NAME **NORTHCUT, THOMAS H**
STREET ADDRESS **7801 NW 174TH ST.**
CITY - ST - ZIP **HALEAH FL 33015**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 110.07(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 affidavit.

SIGNATURE:

DONALD A. NORTHCUT *Donald A. Northcut* **Ex. 4-15-95 905-248-0855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name