

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90277 049 ***150.00

DOCUMENT # 317345

1. Corporation Name

SHORE ACRES NURSERY, INC.

Principal Place of Business

6877 NASSAU
ORLANDO FL 32822-7121
US

Mailing Address

6877 NASSAU AVE
ORLANDO FL 32822-7121
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1967

4. FEI Number

59-1168226

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MITCHELL JR, R D
701 PADGETT CT
ORLANDO FL 32839

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PDC
MITCHELL JR, ROBERT D
701 PADGETT CT
ORLANDO, FL 00000

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
WORLEY, ROWENA H
701 PADGETT CT
ORLANDO, FL 00000

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
BAZEMORE, ROBYN M
12003 GRAYBIRCH RD
ORLANDO, FL 00000

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
MITCHELL, HELEN W
701 PADGETT CT
ORLANDO, FL 00000

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CPA
MALOY, J. RICK
5307 JESSANMINE LANE
ORLANDO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS
STEVENS, ELIZABETH M.
800 OAK SHORE DR
ST CLOUD FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

407-273-1922

Date

Daytime Phone #

0105563

CR2E034 (1/98)