

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAR 23 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 339404 (6)

1. Corporation Name
TALLAHASSEE NURSERIES INC.

Principal Place of Business
2911 THOMASVILLE RD.
TALLAHASSEE FL 32312

Mailing Address
2911 THOMASVILLE RD.
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1969 3a. Date of Last Report 06/24/1994

4. FEI Number 59-1229307 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

EUGENE R. ELLIS JR.
1008TH E. 7TH AVE.
TALLAHASSEE FL 32312

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLIS JR, EUGENE
STREET ADDRESS 1006TH E. 7TH AVE
CITY - ST - ZIP TALLAHASSEE FL

TITLE TD
NAME PROSSER, ANICE
STREET ADDRESS STAR RT 2 BOX 7371
CITY - ST - ZIP TALLAHASSEE, FL 00000

TITLE SD
NAME ELLIS, MARY R.
STREET ADDRESS 1006TH E. 7TH AVE.
CITY - ST - ZIP TALLAHASSEE FL

TITLE VD
NAME PROSSER, DAN
STREET ADDRESS STAR RT 2 BOX 7371
CITY - ST - ZIP TALLAHASSEE, FL 00000

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an addres.

SIGNATURE:

Eugene R. Ellis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 95 *285-2162*
Date Daytime Phone