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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

39404

(6)

| 1. Corporation  | MENT # 33940 AHASSEE NURSERIES INC.   | )4 (6)  |                                  |         |              |  |                                       |                        |                               |
|---|---|---|----------------------------------|---------|--------------|--|---------------------------------------|------------------------|-------------------------------|
| Evincipal Place of Business<br>2911 THOMASVILLE RD.<br>TALLAHASSEE FL 32312 |   | Mailing Address  2911 THOMASVILLE RD. TALLAHASSEE FL 32312      |                                  |         | -            | ili <b>viv</b> i <b>d</b> ivili  | OFAIF DIDII                           | OLOLI ALIAN DHOFF NOFF |                               |
|   |   |   |                                  |         |              | 3. Date Incorporated or Qualified 01/01/1969   | 3a. Dat                               | of Last<br>03/23       |                               |
| 2. Principal Pla<br>21  | ce of Business  | 2a. Mailing Address   |                                  |         |              | 4. FEI Number 59-1229307   | L                                     |                        | Applied For                   |
| Suite, Apt #  | , etc.  | Suite, Apt. #, etc.   |                                  |         |              | 5. Certificate of Status Desired   |                                       | \$8.7                  | Not Applicable  75 Additional |
| 22 City & State   |   | City & State  |                                  |         |              | 6. Election Campaign Financing   | <u> </u>                              | <del></del>            | e Required  OO May Be         |
| 23  | T Consta  | 28  | T                                |         |              | Trust Fund Contribution  |                                       | Add                    | ded to Fees                   |
| Zg.<br>24   | Country 25  | Zip <b>29</b>   | Countr<br>30                     | У       |              | 8. This corporation has liability for in Florida Statutes Yes  |                                       | ax under               | s 199.032,                    |
|   | 9. Name and Address of Current  | Registered Agent  | 81                               | 1 .     | lowe         | 10. Name and Address of New Ro   | glatered                              | Agent                  | TIL                           |
| FUGEN   | NE R. ELLIS JR.   |   |                                  | $\perp$ | lame         |  |                                       |                        |                               |
|   | I E. 7TH AVE.   |   | 82                               | 2 8     | Street Addre | ss (P.O. Box Number is Not Acceptable  | 9)                                    |                        |                               |
| TALLAHASSEE FL 32312  |   |   | 83                               | 9       |              |  |                                       |                        | •                             |
|   |   |   | 84                               | 1       | Dity         |  | FL                                    | 85                     | Zip Code                      |
| SIGNATURE   | i and accept the obligations of, Section of the series against a OFFICERS AND | nd title if applicance (NO<br>DIRECTORS                         | S.<br>DTE: Rugistered Agr        |         |              | of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the purple of directors. I hereby accept the appointment of the appointme | DATE                                  |                        | -                             |
| T TEF<br>NAME   | pd<br>Ellis Jr,Eugene   | □ DELFTE  | 1 1 THILE                        |         |              |  |                                       | Change                 | e 🔲 Addition                  |
| STREET ADORESS  | 1006TH E. 7TH AVE   | 12 NA<br>13 STI   |                                  |         | DRESS        |  |                                       |                        |                               |
| CiTY-ST ZiP   | TALLAHASSEE FL  |   | 14 CITY-                         |         |              |  |                                       |                        |                               |
| T-ILF   | TD  | ☐ DELETE  | 2 1 THLF                         |         |              |  | (                                     | Change                 | e 🔲 Addition                  |
| NAME<br>STREET ADDRESS  | PROSSER, ANICE<br>STAR RT 2 BOX 7371  |   | 22 NAME<br>23 STREE              |         | notee        |  |                                       |                        |                               |
| City St ZiF   | TALLAHASSEE, FL 00000   |   | 2 4 CITY-                        |         |              |  |                                       |                        |                               |
| TIFLE   | \$D   | DELETE  | 3 1 THILE                        |         |              |  | ]                                     | Change                 | e 🔲 Addition                  |
| NAM-<br>STRELL ADDRESS  | ELLIS, MARY R.<br>1006TH E. 7TH AVE.  |   | 3.2 NAME                         |         |              |  |                                       |                        |                               |
| CHY ST-ZIP  | TALLAHASSEE FL  |   | 3.3. STREE<br>3.4 CITY-          |         | ľ            |  |                                       |                        |                               |
| TIFLE   | VD .  | ☐ DELFTE  | 4. 1 TITLE                       |         | <u>"</u>     |  | [                                     | Change                 | e 🔲 Addition                  |
| NAME  | PROSSER, DAN  |   | 4.2 NAME                         |         |              |  |                                       |                        |                               |
| STREET ADORESS  | STAR RT 2 BOX 7371<br>TALLAHASSEE, FL 00000                                   |   | 4.3 STREE                        |         | 1            |  |                                       |                        |                               |
| City St ZiP<br>Title  | 77LD (1700LL, 1 L 0000  | DELETE  | 4.4 CITY-<br>5.1 TITLE           |         | IP           |  | · · · · · · · · · · · · · · · · · · · | Change                 | Addition                      |
| NAME  |   |   | 5.2 NAME                         |         |              |  | •                                     |                        |                               |
| STREET ADDRESS  |   |   | 5 3 STREE                        | T AD    | DRESS        |  |                                       |                        |                               |
| CHIY-ST ZIP   |   | ☐ DELETE  | 5 4 Cily-                        |         | IP           |  |                                       | 71 (15                 | E ALLEY                       |
| NAMÉ  |   | □ pereie  | 6. 1 TITLE<br>6.2 NAME           |         |              |  | Ĺ                                     | Change                 | e 🔲 Addition                  |
| STREE! ACORESS  |   |   | 6.3 STREE                        |         | DRESS        |  |                                       |                        |                               |
| CITY - ST - ZIP   |   |   | 64 CITY-                         | ST-Z    | IP           |  |                                       |                        |                               |
| certify that<br>both, that I  | tue information indicated on this annua                                       | it réport or supplemental ann<br>ation or the recever or truste | iual report is tr<br>e empowered | ue a    | end accurate | the exemption stated in Section 119.0 and that my signature shall have the seport as required by Chapter 607, Flo  | lend ame                              | affact ac              | if made under                 |

SIGNATURE:

NATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 25, 1996 904-385-2162

CR2E034 (12/95