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

DOCUMENT # 353599

MCDANIEL NURSERY STOCK INC

Principal Place	e of Business	Mailing Address						
2310 SANDRALA		2310 SANDRALA DRIVE						
SARASOTA FL 34231		SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE		
					ŀ	3. Date Incorporated or Qualifed		
						10/09/1969		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-1273304	1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				3. Contribute of States Source		Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zíp	Countr	У		8. This corporation owes the current year In	itangible ☑Yes	□No
24	25	29 3	<u>0 </u>			Personal Property Tax. 10. Name and Address of New Registered		
Name and Address of Current Registered Agent					ame	10. Name and Address of New Registered	Agent	
MCDANIEL, RAYMOND E.			L					
	SANDRALA DRIVE		8:	2 St	treet Addres	s (P.O. Box Number is Not Acceptable)		,
	ASOTA FL 34231		8:	3		10 to		
			8-	4 Ci	ity	ĖΙ	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								
office or re agent. I ar	egistered agent, or both, in the State c m familiar with, and accept the obligati	of Florida. Such change was autr ions of, Section 607.0505, Florid	norized bi la Statute	y tne s.	corporation	s board of directors. I nereby accept the appo	iniment as	registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ent sign	nature required w			
12.	OFFICERS AND		13.		- 1	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P DAVISON S	☐ DELETE	1.1 TITLE				Change	, Dyddingu I
NAME	MCDANIEL, RAYMOND E.		1.2 NAME					
STREET ADDRESS	2310 SANDRALA DR		1.3 STRE		1			
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	1.4 CITY-		<u>'</u>		Change	e ☐ Addition
TITLE	V NODANIEL ALANOV E	☐ DECE IE	2.1 TITLE		,	,		- CAddition
NAME	MCDANIEL, NANCY E.		2.2 NAME					j
STREET ADDRESS	2310 SANDRALA DR		2.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL	DELETE	2. 4 CITY-ST-ZIP				Change	Addition
TITLE			3.1 TITLE					
NAME OTDEET ADDRESS			3.2 NAME 3.3 STREE		NDECC			
STREET ADDRESS	J.							
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.4. CITY- 4.1 TITLE		-		Change	Addition
NAME		عادداد ب	4, 2 NAME					
STREET ADDRESS			4.3 STRE		RESS	•		ļ
CITY-ST-ZIP			4.4 CITY-					Ì
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME		_	5.2 NAME			•	_	}
STREET ADDRESS			5.3 STRE	ET ADD	RESS			}
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	-		***	☐ Change	Addition
NAME			6.2 NAME					İ
STREET ADDRESS			6.3 STREE	ET ADO	RESS			ļ
1			_		i			

14. Thereby 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 13 if chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90082 011 ***150.00