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04-30-1999 90185 040 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 379894

1. Corporation Name  
MOESLY NURSERIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
16113 E ALAN BLACK RD  
LOXAHATCHEE FL 33470  
US

2. Principal Place of Business  
21 125 Hyacinth Dr. Suite, Apt. #, etc.

23 City & State  
Clyde, N.C.

24 Zip 28721 25 Country USA

Mailing Address  
16113 E ALAN BLACK RD  
LOXAHATCHEE FL 33470  
US

2a. Mailing Address  
125 Hyacinth Dr. Suite, Apt. #, etc.

28 City & State  
Clyde, N.C. USA

29 Zip 28721 30 Country U.S.A

3. Date Incorporated or Qualified  
04/05/1971

4. Filing Number  
59-1346345

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Russell a. Moesly  
MOESLY, ANGELA  
16113 E ALAN BLACK RD  
LOXAHATCHEE FL 33470  
See Below

81 Name Russell a. MOESLY  
82 Street Address (P.O. Box Number is Not Acceptable)  
125 Hyacinth Dr. E. Alan  
83 City CLYDE NC  
84 Zip Code 28721

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 607.0506, Florida Statutes.

SIGNATURE [Signature] DATE 4/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include Angela M. Moesly (SD), Jimmie D. Moesly (PD), Russell A. Moesly (VP), and Daniel A. Moesly (VP).

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a Change/Addition checkbox. Rows include 1.1-1.4 (Clyde, NC 28721-9213) and 2.1-2.4 (Clyde, NC 28721-9213).

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] DATE 4/27/99 Daytime Phone # 828-627-0732

CR2E034 (11/98)