## 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 # 379894

1. Corporation Name

MOESLY NURSERIES, INC.

**FILED** Apr 30, 1999 8:00 am Secretary of State

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



Principal Place	of Business	Mailing Address			
J.C.	BLACK RD	16 HR E ALAN BLACK RD			
LOXAHATCHEE		LOXAHATONEE FL 23470		O O ALOT MODITE IN THE	0.004.05
-US		118		DO NOT WRITE IN THI	STACE
				3. Date Incorporated or Qualifed	
			- / /	04/05/1971	And the
2. Principal Pl	ace of Business	2a. Mailing Address 25	HYUCIN	The sender	Applied For
21 25	HYACINHA DI	The second of th	<u> </u>	59-1346345	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired ****	\$8.75 Additional Fee Required
22 /		27			
City & State	de NiC.	City & State	IC. HE	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip.	Country	Zip Zip	Country	8. This corporation owes the current year I	ntangible
24 287	21 25 11SH	29 <b>4 8 7 3 3</b>	5 / <i>1</i> / S	A Personal Property Tax.	☐ Yes <b>X</b> No
24 00 10	9. Name and Address of Current I	<u> </u>	<u> </u>	10. Name and Address of New Registere	d Agent
P. SSOLO MAZIN 81 Name D as all a MADCIA!					
MOTELY, ANGELA 16113 E. alan Bludge Rd CUSO STORM Number 15 No. Acceptable)					
16112 E ALAN PLACK RD					
LOXAHATCHEE FL 33470 Local 3347084 City 185 Zig Code 1					
	FOR	hatcher, H		O O POL	~ K <sub>2</sub>
6 - A	ie locat	334	7 ( )84 City	I do al	85 Zio Code
265 1				name and a submit this statement for the purpose	Changing its registered
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 4 JULY 1					
Signature and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12 OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	OFFICERS AND	DIRECTORS	13.		Change Addition
TITLE	SD	□ pereie	1.1 TITLE	-125 Hyacinth Dr. Clyde, NC 2872 -125 Hyacinth, D	A summer
NAME .	MOESLY, ANGELA M.		1.2 NAME	_125 Heacenth Dr.	2
STREET ADDRESS	16113 E ALAN BLACK RD		1.3 STREET ADDRESS	11/10 N/C 2875	1-9213
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP	CHICA TO COOL	Change Addition
TITLE	PD	☐ DELETE	2.1 TITLE	,	Assistance - Account -
NAME	MOESLY, JIMMIE D		2.2 NAME	125 Nyaoduth D	
STREET ADDRESS	- 16113 E-ALAN BLACK RD		2.3 STREET ADDRESS	Clyde Ne 2872	1-9713
CITY-ST-ZIP	LOXAHATCHEE FL 33470		2. 4 CITY-ST-ZIP	Cryae, Niedera	
TITLE	VP ·	☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME	MOESLY, RUSSELL A.		3.2 NAME		
STREET ADDRESS	16113 E ALAN BLACK RD	j	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		3.4. CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		Change Addition
NAME	MOESLY, DANIEL A		4.2 NAME	ass On- Was (101)	o Rd
STREET ADDRESS	10550 SE 101 AVE RD		4.3 STREET ADDRESS	-dss Keeles	751
CITY-ST-ZIP	BELLEVIEW FL 34420		4.4 CITY-ST-ZIP	-233 Reeves Cov Clyde, N.C. 287	\dl
TITLE	<u> </u>	☐ DELETE	5.1 TITLE	<del>- , , .</del>	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
1			5.4 CITY-ST-ZIP	•	
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition
{	AND STATE OF BEING		6.2 NAME		
NAME	を記録 (34 音で) A 写		6.3 STREET ADDRESS		
STREET ADDRESS	TO TEXT EX		6.4 CITY-ST-ZIP	,	
CITY-ST-ZIP			1 0.4 0111-31-22-		

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: