

427005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400354175894

NURSERY SERVICES, INC.

SIDNEY C. WOOD
W. PALM BEACH

5/28/73

1 10:05

cc: WB
5/29/73

MAY 28 1 08 PM '73
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

ah
my
AK



STATE OF FLORIDA
Department of State
THE CAPITOL
TALLAHASSEE 32304

RICHARD (DICK) STONE
SECRETARY OF STATE

Sidney C. Wood, Esquire
801 Harvey Building
West Palm Beach, Florida 33401

ROY L. ALLEN, DIRECTOR
DIVISION OF CORPORATIONS
904/488-3140
(TWX) 810/931-3877

May 29, 1973

Subject: NURSERY SERVICES, INC.

A refund for \$10.00 is enclosed for the reason checked:

1. ☐ Withdrawal of charter.
2. ☐ Overpayment of filing fee.
3. ☐ Charter not of record in this office.
4. ☐ Overpayment of certification fee.
5. ☐ Filing fee previously paid.
6. ☐ No fee required.
7. ☐ No response to our letter of
8. ☒ Overpayment of charter tax.
9. ☐ Comments:

If you have any questions regarding this matter, please let us know.

corp-77
1-5-71

REQUISITION FOR REFUND

This money was originally received per validator stamp as follows:

5/21/73	54400	1	5	\$40.00
Date	Validation No.	Machine No.	Dept. No.	Amount

lsb

Requested by:

(Head of Department)

For use by Fiscal Department

Paid by Revolving Fund Check No.

Dated _____ Amount _____

gen-1
4-30-63

LAW OFFICES
COOK, WOOD & ANDERSON
601 HARVEY BUILDING
WEST PALM BEACH, FLORIDA 33401

WILBUR E. COOK
SIDNEY C. WOOD
MALCOLM ANDERSON

May 18, 1973

AREA CODE 305
TELEPHONE 684-6611
685-4411

Secretary of State
Tallahassee, Florida

Attention: Corporate Division

Re: Patrick's Nursery
Services, Inc.

Dear Sir:

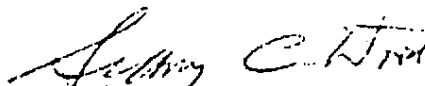
Enclosed you will find my Trust Account check #907 in the amount of \$68.00 to cover the cost of filing the enclosed Articles of Incorporation. This check is computed as follows:

Filing fee	\$15.00 (608.05) (2a)
Certified copy of	
Articles of Incorporation	10.00 (608.05) (2b)
Charter tax	40.00 (608.05) (4) (1)
Certificate of resident agent	3.00 (48.091) (1)
Total	\$68.00

Please certify the above Articles and return.

Also enclosed you will find certificate designating place of business, etc., together with acknowledgment by the President of the corporation.

Very truly yours,


SIDNEY C. WOOD

mk
Encl.

MAY 21 6 12 PM '73
- 54700 *****3.00
- 54600 *****10.00
- 54500 *****15.00
- 54400 *****40.00

FILED

MAY 20 1 58 PM '73

RECEIVED
40
15
10
3
68



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

May 23, 1973

RICHARD (DICK) STONE
SECRETARY OF STATE

904/688-3140
(TWX) 810/931-3677

Sidney C. Wood, Esquire
801 Harvey Building
West Palm Beach, Florida, 33401

Dear Mr. Wood:

Subject: PATRICK'S NURSERY SERVICES, INC.

Document: returned xx pending _____ Withdrawal _____
Charter xx Amendment _____ Merger _____ Dissolution _____

FILED
MAY 28 1 58 PM '73
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. xx Name is not available.
2. _____ Name must include a corporate suffix.
3. xx Check for \$ 68.00 has been received and deposited but is ~~insufficient to cover~~ Charter tax _____ Filing fee _____
Certified copy _____ Resident agent fee _____.
4. _____ Complete mailing address for principal place of business, directors, and subscribers which must include a street address, rural route, or highway.
5. _____ The number of directors the corporation shall have must be shown with a statement designating the total number.
6. _____ All subscribers must sign and their signatures must be notarized.
7. _____ Notary public's acknowledgement is incomplete.
8. _____ President's signature must be acknowledged.
9. _____ Amendment must include a statement of approval of stockholders and directors.
10. _____ Resident agent must be designated at the time of filing certificate of incorporation. See attached for instructions.
11. _____ Other

Sincerely,

RICHARD (DICK) STONE
Secretary of State

By *David S. Jones*
David S. Jones, Chief
Bureau of Corporation Records

DSJ/ dka

From

COOK AND WOOD
Attorneys at Law
801 Harvey Building
West Palm Beach, Fla. 33401

To

Secretary of State
Tallahassee, Florida
Attention: Corporate Division

DATE

May 25, 1973

SUBJECT

Nursery Services, Inc.
and/or Patrick's Nur-
serv Services, Inc.
Our file 2162.1

Message

Dear Sir:

Enclosed you will find Articles of Incorporation
Nursery Services, Inc. Please certify the copy
return to the undersigned.

Pursuant to instructions received from your office,
the name was changed from Patrick's Nursery Ser-
Inc., to Nursery Services, Inc.

Kindly use the funds previously forwarded.

Very truly yours,

Sidney C. Wood
Sidney C. Wood

May 28 1 58 PM '73
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

INVOICE FOLD MARK

CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SER-
VICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY
BE SERVED

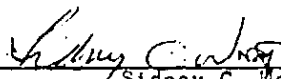
FILED
MAY 28 1 58 PM '73
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes,
following is submitted, in compliance with said Act:

First -- NURSERY SERVICES, INC., desiring to organize
under the laws of the State of Florida with its principal office,
as indicated in the Articles of Incorporation at the City of West
Palm Beach, County of Palm Beach, State of Florida, has named
Sidney C. Wood, located at 801 Harvey Building, City of West Palm
Beach, County of Palm Beach, State of Florida, as its agent to
accept service of process within this state.

ACKNOWLEDGMENT

Having been named to accept service of process for the
above-stated corporation, at place designated in this certifi-
cate, I hereby accept to act in this capacity, and agree to com-
ply with the provision of said Act relative to keeping open said
office.



Sidney C. Wood
Resident Agent

ARTICLES OF INCORPORATION

OF

NURSERY SERVICES, INC.

The undersigned subscribers to these Articles of Incorporation, being natural persons competent to contract, over the age of twenty-one (21) years and a citizen of the United States of America, hereby adopt the following Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida:

ARTICLE I

NAME

The name of this corporation shall be NURSERY SERVICES, INC.

ARTICLE II

GENERAL NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida. This corporation shall have all powers granted to corporations generally by the laws of the State of Florida and in any other state in which this corporation hereafter may engage in activities and business.

ARTICLE III

CAPITAL STOCK

The amount of capital stock authorized by this corporation shall be five thousand dollars (\$5,000.00) and the maximum number of shares of stock which this corporation may issue shall be five hundred (500) shares of common stock of the par value of ten dollars (\$10.00) per share.

ARTICLE IV

MINIMUM CAPITAL

The amount of capital with which this corporation shall begin business shall be the sum of five hundred dollars (\$500.00).

ARTICLE V

TERM OF EXISTENCE

This corporation shall have perpetual existence.

FILED
MAR 20 1 58 PM '73
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI

ADDRESS OF PRINCIPAL OFFICE

The initial street address in this state of the principal office of this corporation shall be 766 Fla-Mango Road, West Palm Beach, Florida. The Board of Directors may from time to time move the principal office to any other address in the State of Florida.

ARTICLE VII

DIRECTORS

This corporation shall have two (2) Directors initially. The number of Directors may be increased or diminished from time to time by the By-Laws adopted by the Stockholders, but there shall never be less than two (2) Directors. The name and street address of each of the members of the first Board of Directors are:

Cauley C. Patrick
728 Fla-Mango Road
West Palm Beach, Florida

Raynette Patrick
728 Fla-Mango Road
West Palm Beach, Florida

ARTICLE VIII

OFFICERS

This corporation shall have such officers as this corporation may provide for in its By-Laws as adopted and amended from time to time.

ARTICLE IX

SUBSCRIBERS

The name and street address of each of the subscribers to these Articles of Incorporation are:

Cauley C. Patrick
728 Fla-Mango Road
West Palm Beach, Florida

Raynette Patrick
728 Fla-Mango Road
West Palm Beach, Florida

ARTICLE X

BY-LAWS

In furtherance and not in limitation of the powers con-

ferred by statute, the Board of Directors is expressly authorized to make, alter, amend, add to or repeal in whole or in part, the By-Laws of the corporation.

IN WITNESS WHEREOF, the undersigned, being the original and sole subscribers hereto, have made and subscribed these Articles of Incorporation at West Palm Beach, Florida, this 3d day of May, A.D. 1973.

Executed in our presence
as witnesses:

Marcel H. Reames

Cauley C. Patrick (SEAL)
Cauley C. Patrick
Raynette Patrick (SEAL)
Raynette Patrick

STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, the undersigned officer, duly authorized by law to take acknowledgments, this day personally appeared Cauley C. Patrick and Raynette Patrick, to me well known to be the persons described in and who executed and subscribed the above and foregoing Articles of Incorporation, and they acknowledged to and before me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at West Palm Beach, Palm Beach County, Florida, this 3d day of May, A.D. 1973.

Jimmy C. Carter
Notary Public

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA BY ARS
MY COMMISSION EXPIRES OCT 9, 1975
GENERAL INSURANCE UNDERWRITERS, INC.

① 427005
CHARTER NUMBER

② May 28, 1973
DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA

③ Nursery Service, Inc.
EXACT
NAME

④ FED. EMP. I.D. NO.

⑤ SICC
(SEE PAGE 4)

⑥
RESIDENT
AGENT

⑦ OFFICERS/DIRECTORS NAMES CITY / STATE

⑧ FISCAL CLOSE OF ACCOUNTING PERIOD

⑨
MAILING
ADDRESS

⑩ PRIMARY STOCK

AUTH. STK. PAR VALUE

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE

⑪ TITLE

ANNUAL REPORT
FOR CORPORATIONS AND
OTHER ENTITIES

SECRETARY OF STATE
RICHARD (DICK) STONE
P.O. BOX 6327
TALLAHASSEE, FLA. 32301

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

05 12 74 1 266 *****5.00

DUE JAN 1, 1974 DELINQUENT JULY 1, 1974

CORP-ART

PAGE 1

CORRECTIONS AND ADDITIONAL INFORMATION-PLEASE TYPE

④a 59-1464818
FED. EMPLOYER ID. NO

⑤a SICC 0760
(SEE PAGE 4)

⑥a Cauley Patrick
728 Florida-Mango Rd.
West Palm Beach, Fla. 33406

OFFICERS/DIRECTORS	STREET ADDRESS	TITLE
⑦a Cauley Patrick	728 Florida-Mango Rd, West Palm Beach	P/D
Raynette Patrick	728 Florida-Mango Rd., West Palm Beach	S-T/D

- IF ADDITIONAL OFFICERS/DIRECTORS ATTACH ADDENDUM SHEET -

⑧a FISCAL CLOSE OF ACCOUNTING PERIOD (MONTH) May

⑨a See 9b

⑨b STREET 728 Florida Mango Road
ADDRESS West Palm Beach, Florida 33406

⑩a CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION)
CLASS OR TYPE PAR NO PAR, OR STATED VALUE SHARES AUTHORIZED (NUMBER BOOK VALUE)
(1) Common \$10 500 50 \$ 500

⑩b IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

⑫ RESIDENT
AGENT SIGNATURE

(IF DIFFERENT FROM NO 6 (ABOVE))

PLEASE READ INSTRUCTIONS ON PAGE 2
FILING FEES \$5.00 PROFIT ENTITY \$2.00 NON PROFIT

REMIT THIS FORM
\$ FILING FEE TO

1 427005 6 2 05/28/1973 3 SEC SEE ENVELOPE BACK 0760 1974 YEAR OF LAST FILED IN THIS 1975 YEAR(S) THIS COVERS

SECRETARY OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA 32304

4 FED. EMPLOYER ID. NO. 59-1464818 5 FISCAL CLOSE OF ACCOUNTING PERIOD (MO) 5 4a CHANGE TO: 5a CHANGE TO:

6 NURSERY SERVICES, INC.
EXACT NAME

7 RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT. WRITE THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS.
PATRICK, CAULEY
728 FL MANGO RD.
W. PALM BCH, FL 33406

DO NOT WRITE IN THIS SPACE
FOR DIVISION
STATE OF FLORIDA
MAY 31 AM '75
FD

PLEASE READ INSTRUCTIONS ON

NOTICE: IN THE FUTURE, ALL MAIL WILL BE ADDRESSED TO THE PHYSICAL STREET ADDRESS OF CORPORATION TO COMPLY WITH THIS REQUIREMENT, PLEASE CHANGE THE MAILING ADDRESS TO REFLECT THE PHYSICAL STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IF NOT ALREADY STATED.

427005
NURSERY SERVICES, INC.
728 FL MANGO RD.
W. PALM BCH, FL 33406

8 CHANGE TO: NO P.O. BOX

9 OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	PRE
CAULEY, PATRICK		W. PALM BCH, FL	PRE
PATRICK, RAYNETTE		W. PALM BCH, FL	SEC

CAPITAL STOCK

10 500 SHARES @ \$ 10.00

11 CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION) CLASS OR TYPE PAR. NO. PAR. OR STATED VALUE SHARES AUTHORIZED NUMBER BOOK VALUE

12 IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS OF PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE CAULEY, PATRICK

TITLE President

DATE 4/8/75

TEL. NO. 683

[illegible]

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT

1977

APPROVED
AND
FILED

FEB 9 4 34 PM 1977

Bruce A. Smathers
Secretary of State
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

427005 NURSERY SERVICES,
INC.
728 FL MANGO RD,
WEST PALM BEACH, FLA 33406

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office,
P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

05/25/1973

4. Federal Employer
Identification Number
(FEIN)

59-1444818

5. Date of
Last Report

1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
CAULEY, PATRICK	PRES	DIR	728 FLA. MANGO ROAD	W. PALM BEACH, FL
PATRICK, DAYLETTE		DIR	728 FLA. MANGO ROAD	W. PALM BEACH, FL

7. Registered
Agent
Information:

If you wish to change
Registered Agent on
this form, enter all
new information here

Name

PATRICK, CAULEY

City, State and Zip Code

WEST PALM BEACH, FL 33406

Name

City, State and Zip Code

Street Address (Do NOT Use P.O. Box Number)

728 FL MANGO RD.

Street Address (Do NOT Use P.O. Box Number)

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary, or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned if It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report
as Required by Chapter 507 F.S. I further Certify That I Understand My Signature On This Report Shall
Have the Same Legal Effect As If Made Under Oath.

Name of Signing Officer

CAULEY, PATRICK

Title

PRES. OWNER

Telephone Number

683-5770

Date

1/6/77

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1978



Bruce A. Smathers
Secretary of State

APPROVED
AND
FILED

JUN 30 9 00 AM 1978

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 820) 12-1-77

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

427005 NURSERY SERVICES,
INC.
728 FL MANGO RD.
WEST PALM BEACH, FLA 33406

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office,
P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

05/28/1973

4. Federal Employer
Identification Number
(FEIN)

59-1464818

5. Date of
Last Report

1977

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
GAULEY, PATRICK	DIR		728 FLA. MANGO ROAD	W. PALM BCH., FL
PATRICK, RAYNETTE	DIR	X	728 FLA. MANGO ROAD	W. PALM BCH., FL
PATRICK, JOHN M.	V.P.	X	728 FLA. MANGO Rd.	W. Palm Bch, FL.
PATRICK, CAULEY C. JR.	ASST. VP.		728 FLA. MANGO Rd.	W. Palm Bch, FL.
PATRICK, CAROL	SEC.		728 FLA. MANGO Rd.	W. Palm Bch, FL.

7. Registered
Agent
Information

Name
PATRICK, CAULEY

Street Address (Do NOT Use P.O. Box Number)
728 FL MANGO RD.

City, State and Zip Code

WEST PALM BEACH, FL 33406

If you wish to change
Registered Agent on
this form, enter all
new information here

Name
PATRICK JOHN M.

Street Address (Do NOT Use P.O. Box Number)
728 FL MANGO Rd.

City, State and Zip Code

WEST Palm Bch, Fla.

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report
as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall
Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer

RAYNETTE L PATRICK

Title

PRESIDENT

Telephone Number

1083-5770

Date

Jan 3, 1978

Signature

Raynette L. Patrick

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

JAN 13-79 2 1202*****10.00

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE.

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

427005
NURSERY SERVICES, INC.
728 FL MANGO RD.
WEST PALM BEACH, FLA 33406

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal
Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

5/28/1973

4. Federal Employer
Identification Number
(FEIN)

59-1464818

5. Date of
Last Report

1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PATRICK, RAYNETTE	P/O	728 FLA. MANGO ROAD	W. PALM BCH, FL
PATRICK, JOHN M.	V/O	728 FLA. MANGO ROAD	W. PALM BCH, FF
PATRICK, CAULEY C., JR.	V	728 FLA. MANGO ROAD	W. PALM BCH, FF
PATRICK, CAROL	S	728 FLA. MANGO ROAD	W. PALM BCH, FF

JAN 22 10 52
CORPORATIONS
TALLAHASSEE, FL

7. Registered Agent Information

If you wish to change Registered Agent on this
form, enter all new information below.

Name

PATRICK, JOHN M.

Street Address (Do NOT Use P.O. Box Number)

728 FL MANGO RD.

City, State and Zip Code

WEST PALM BEACH, FL

33406

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. See signature restrictions under instructions on reverse side of this form.

DO NOT WRITE IN THIS SPACE

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute
This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On
This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer

Signature

JOHN M. PATRICK

Title

VICE PRESIDENT

Telephone Number

683-5770

Date

1-2-79

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

FILED
APR 12 8 50 AM '80
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office: 427005 NURSERY SERVICES, INC. 728 FL MANGO RD. WEST PALM BEACH, FLA 33406		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address P.O. Box No. City State Zip Code	
3. Date Incorporated or Qualified To Do Business in Florida 5/28/1973		4. Federal Employer Identification Number (FEIN) 59-1464818	
5. Date of Last Report 1979			

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PATRICK, PAVNETTE	P/D	728 FLA. MANGO ROAD	WEST PALM BEACH, FL
PATRICK, JOHN M.	V/D	728 FLA. MANGO ROAD	WEST PALM BEACH, FL
PATRICK, CAULEY C., JR.	V	728 FLA. MANGO ROAD	WEST PALM BEACH, FL
PATRICK, CAROL	S	728 FLA. MANGO ROAD	WEST PALM BEACH, FL
John M. Patrick	P/D	2462 Sherwood Forest Blvd	West Palm Beach, Fla.
Cauley C. Patrick Jr.	V/D	4293 Kent Ave.	Lake Worth, Fla.
Carol D. Patrick	S-T	4293 Kent Ave.	Lake Worth, Fla.

7. Registered Agent Information

Name PATRICK, JOHN M. Street Address (Do NOT Use P.O. Box Number) 728 FL MANGO RD. City, State and Zip Code WEST PALM BEACH, FL 33406	To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.
---	---

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer John M. Patrick	Title President-Director	Telephone Number 965-3805
Signature 		Date 3-6-80

DO NOT WRITE IN THIS SPACE

LP 4-12-80

427005 03-25-80 2 5 255 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

**CORPORATION
ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**APPROVED
AND
FILED**

May 18 13 AM 1981

1981

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

**READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRY
PLEASE STAPLE CHECK TO ANNUAL REPORT**

1. Name and Address of Corporation Principal Office

427005
NURSERY SERVICES, INC.
728 FL MANGO RD.
WEST PALM BEACH, FLA

33406

If above address is incorrect in any way, enter the correct address
in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

5/28/1973

4. Federal Employer
Identification Number
(FEIN)

59-1464818

5. Date of
Last Report

1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PATRICK, JOHN M.	P/D	2462 SHERWOOD FOREST BLVD. PALM BCH, FL	
PATRICK, CAULEY C., JR	V/D	4293 KENT AVE.	LAKE WORTH, FL
PATRICK, CAROL O.	S/T/D	4293 KENT AVE.	LAKE WORTH, FL

7. Registered Agent Information

Name

PATRICK, JOHN M.

Street Address (Do NOT Use P.O. Box Number)

728 FL MANGO RD.

City, State and Zip Code

WEST PALM BEACH, FL

33406

To change the Registered Agent and/or
Registered Office a separate statement
signed by the new Registered Agent and
executed by the President or Vice Presi-
dent of the corporation must be filed with
a fee of \$3

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter
607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer

JOHN M. PATRICK

Title

PRESIDENT

Telephone Number

305-683-5770

Signature

John M. Patrick Pres

Date

1-19-81

DO NOT WRITE IN THIS SPACE

427005 C2-27-81 2 3 774 16.00

50 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT

1982

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

427005
NURSERY SERVICES, INC.
728 FL MANGO RD.
WEST PALM BEACH, FLA

33406

05/28/1973

59-1464816

05/01/1981

PATRICK, JOHN M.
PATRICK, CAULEY C., JR
PATRICK, CAROL D.

P/O 2462 SHERWOOD FOREST BLV
V/O 4293 KENT AVE.
S/T/D4293 KENT AVE.

W. PALM BCH, FL
LAKE WORTH, FL
LAKE WORTH, FL

Registered Agent Information

PATRICK, JOHN M.

728 FL MANGO RD.

WEST PALM BEACH, FL

33406

SIGNATURE

\$3.00 additional fee required for Registered Agent changes.

I, County Clerk, do hereby certify that the foregoing is a true and correct copy of the original as filed in my office.

Pres

CORPORATION
ANNUAL REPORT

1983



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APR 21 11 30 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

4427005

NURSERY SERVICES, INC.
728 FL MANGO RD.
WEST PALM BEACH, FLA

33406

05/26/1973

59-1464818

11/03/1982

PATRICK, JOHN H.	P/O 2462 SHERWOOD FOREST BLV	W. PALM BCH, FL
PATRICK, CAULEY C., JR	V/O 4293 KENT AVE.	LAKE WORTH, FL
PATRICK, CAROL D.	S/T/O 4293 KENT AVE.	LAKE WORTH, FL
PATRICK, DENNIS	V/O 2178 "B" Rd	LAKE WORTH, FL
PATRICK, BARBARA	V/O 2462 SHERWOOD FOREST BLVD	LAKE WORTH, FL
PATRICK, WANDA	S/O 2178 "B" Rd	LAKE WORTH, FL

Registered Agent Information

PATRICK, JOHN H.

728 FL MANGO RD.

WEST PALM BEACH, FL

33406

~~2462 SHERWOOD FOREST BLVD~~
2462 SHERWOOD FOREST BLVD
WEST PALM BEACH, FLA

\$3.00 additional fee required for Registered Agent changes.

John M. Patrick, President

11/03/82
3-1-1-1-1-1

COMPANION
ANNUAL REPORT

1984



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001
DIVISION OF CORPORATIONS

8-17

1-12-84

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name of Corporation (Print Full Name) 427005 NURSERY SERVICES, INC. 726 FL MANGO RD. WEST PALM BEACH, FLA 33406		2. Enter Change of Address of Corporation (Print Full Name, City, State, Zip) (Do Not Use P.O. Box Number) Street Address City, State, Zip State	
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3. Date of Incorporation or Qualification (MM/DD/YYYY) 05/28/1973	4. Federal Employer Identification Number (EIN) (Do Not Use P.O. Box Number) 34-1464815	5. Date of Last Filing 04/23/1983
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Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do Not Use P.O. Box Number)	City and State
PATRICK, JOHN H	P/O	2462 SHERWOOD FOREST BLV	W PALM BCH, FL 33406
PATRICK, CAROL D	S/T/O	4273 KENT AVE	LAKE WORTH, FL 33006
PATRICK, WANDA	S/O	2178 B RD	LAKE WORTH, FL 33006
PATRICK, BARBARA	S/O	2462 SHERWOOD FOREST BLV	W PALM BCH, FL 33406
PATRICK, DENNIS	V/O	2178 B RD	LAKE WORTH, FL 33006
PATRICK, CAULEY C JR	V/O	4293 KENT AVE	LAKE WORTH, FL 33006

Registered Agent Information	
1. Name and Address of Current Registered Agent PATRICK, JOHN H 726 FL MANGO RD W PALM BCH, FL 33406	2. Name and Address of New Registered Agent Name Street Address (Do Not Use P.O. Box Number) City, State and Zip Code

A. Pursuant to the provisions of Sections 602.014 and 602.017, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, has authorized for the purpose of changing its registered officer or registered agent, or both, in the State of Florida, such change was authorized by resolution duly adopted by its board of directors on _____, 1984.

By: _____ (Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

13. Signature restrictions under instructions on reverse side of this form. I, _____, Secretary, Trustee, or Officer of the Corporation, the Receiver or Trustee, Empowered to Execute This Report as Required by Chapter 602, F.S., do hereby certify that I understand my signature on this report shall have the same legal effect as if made under oath.	
Signature of Signing Officer Carol D. Patrick	Title SECRETARY
Date 3-12-84	Telephone Number 305-683-5770

14. This report must be filed with the Department of State, Division of Corporations, Tallahassee, Florida, on or before the date specified in the instructions on the reverse side of this form.

15. The fee for filing this report is \$10.00. The fee for filing this report is \$10.00.



1955 APR 26 PM 3:59

10/10/10

37496

05/17/1984

Registered Agent Information

33406

Carol D. Patrick

4-19-5

CAROL D. PATRICK

Sec of Cons

643-5770

\$5 additional fee required for a Certificate of Status

15 Additional Features

CORPORATION WILL BE DISSOLVED IF THIS REPORT IS NOT FILED BY NOV. 16, 1987

CORPORATION

ANNUAL REPORT

1987



427005

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

427005
NURSERY SERVICES, INC.
728 FL HANGO RD.
WEST PALM BEACH, FLA 33406

7 Name and Address of Corporation Principal Office P.O. Box Number Address 33406

Street Address 21

P.O. Box Number 22

City and State 23

Zip Code 24

If no address is provided in any way, otherwise correct address
must be provided Include Zip Code

Any change in the
name of the corporation

05/28/1973

4 Federal Employer

Identification Number (FEIN)

59-146-818

5 Date of

Last Report

03/17/1986

6 Name and Address of Each Officer and Director as of the date of this report 25-28

Name of Officer or Director	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Number)	City and State	Zip Code
PATRICK, JOHN M	P/D	2462 SHERWOOD FOREST BLV	W PALM BCH FL	00000
PATRICK, CAROL D	S/T/D	4293 KENT AVE	LAKE WORTH FL	00000
PATRICK, WILDA	S/D	2178 B RD	LAKE WORTH FL	00000
PATRICK, BERNARD	S/D	2462 SHERWOOD FOREST BLV	W PALM BCH FL	00000
PATRICK, DENNIS	V/D	2178 B RD	LAKE WORTH FL	00000
PATRICK, GALEY, G JR	V/D	4293 KENT AVE	LAKE WORTH FL	00000

REGISTERED AGENT INFORMATION

9 Name and Address of New Registered Agent

10 Name and Address of Current Registered Agent

PATRICK, JOHN M
728 FL HANGO RD
WEST PALM BCH, FL
33406

Street Address (Do NOT use P.O. Box Number)

Street Address (Do NOT use P.O. Box Number)

Zip Code 25

City and State 26

11 I, the undersigned, do hereby certify that I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation named herein, and I am not a minor, an incompetent person, or a person who has been convicted of a crime involving moral turpitude.

12 Signature of Registered Agent Accepting Assignment

13 Other additional information

14 See instructions on other side of form for required filing fee

15 I hereby certify that I am a resident of the State of Florida, the Registrar of the State Department of Banking and Finance, and I am not a minor, an incompetent person, or a person who has been convicted of a crime involving moral turpitude.

16

17

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18 Additional fee required for 19 comments 20