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FILED

**Feb 16, 1999 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-16-1999 90037 044 ****150.00

DOCUMENT # 458584

1. Corporation Name
KINGSWOOD NURSERIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1712 N E 36TH AVE
OCALA FL 34470
US

Mailing Address
1712 N E 36TH AVE
OCALA FL 34470
US

3. Date Incorporated or Qualified
07/25/1974

4. FEI Number
59-1544897

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

BULLARD, J. WARREN
121 NW 3RD STREET
OCALA FL 34475

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME **DEVANE, HAROLD DELOIS**

STREET ADDRESS **1030 S E 27TH**

CITY-ST-ZIP **OCALA, FL 00000**

TITLE ST DELETE

NAME **DEVANE, GWEN W**

STREET ADDRESS **1030 SE 27TH STREET**

CITY-ST-ZIP **OCALA, FL 00000**

TITLE V DELETE

NAME **DEVANE, BRIAN D.**

STREET ADDRESS **2010 NE 24 STREET**

CITY-ST-ZIP **OCALA FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Harold DeLois Devane / Gwen W. Devane 1/21/99 352-132-5683

CR2E034 (11/98)