

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 520568 (7)

1. Corporation Name

REVETTE NURSERIES, INC.



Principal Place of Business

500 DEKLE RD (LAKE WALES, FL 33853)  
PO BOX A  
WAVERLY FL 33877

Mailing Address

500 DEKLE RD (LAKE WALES, FL 33853)  
PO BOX A  
WAVERLY FL 33877

3. Date Incorporated or Qualified  
12/17/1976

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1707543

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REVETTE, FRANKIE R  
500 DEKLE RD  
LAKE WALES, FL  
33853

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

Signature typed or printed name of registered agent or director (delete as applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PO  
REVETTE, FRANKIE R  
500 DEKLE RD  
LK WALES, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
REVETTE, NANCY G.  
500 DEKLE RD  
LAKE WALES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Nancy G. Revette

NANCY G. REVETTE

22 April 96

941-439-3584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)