

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 654485 (2)

1. Corporation Name

TRAIL RIDGE NURSERY, INC.



Principal Place of Business

6765 TIMBERLANE DRIVE
KEYSTONE HTS FL 32656-8889
US

Mailing Address

P O BOX 967
KEYSTONE HTS FL 32656-0967
US

3. Date Incorporated or Qualified
02/01/1980

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 6768 Timberlane Dr
State Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number
59-2012049

Applied For
Not Applicable

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 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

NEWELL, PAUL D., ESQ.
12 LAWRENCE BLVD., P.O. BOX 654
THE NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

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 of Agent for Change of Registered Office or Agent

Signature of Registered Agent (Signature of Change of Registered Office)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
BYRNES, ROBERT L.
STREET ADDRESS 6813 IMMOKALEE RD
CITY, ST, ZIP KEYSTONE HTS FL

TITLE ☐ DELETE

NAME VST
BYRNES, LINDA J.
STREET ADDRESS 6813 IMMOKALEE RD
CITY, ST, ZIP KEYSTONE HTS 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

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:

Robert L Byrnes Robert L Byrnes

2/26/96

904-473-2073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)