

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 657293 (7)

1. Corporation Name

DICKINSON'S WHOLESALE NURSERY, INC.



Principal Place of Business

1401 24TH AVENUE WEST
PALMETTO FL 34221

Mailing Address

1401 24TH AVENUE WEST
PALMETTO FL 34221

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 Manatee 29 34221 30 Manatee

9. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM
701 11TH STREET WEST
BRADENTON FL

3. Date Incorporated or Qualified

02/25/1980

3a. Date of Last Report

03/07/1995

4. FEI Number

59-1978551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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: *Ronald I. Dickinson* Void

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DICKINSON, RONALD I.

STREET ADDRESS 4004 24TH AVE E

CITY-STATE-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME DICKINSON, NAN

STREET ADDRESS 4004 24TH AVE E

CITY-STATE-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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: *Ronald I. Dickinson* Ron I Dickinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

941-813-729-6876

Daytime Phone

CR2E034 (12/95)