FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F26394** **(9)**

1. Corporation Name
KEEL'S NURSERY AND GREENHOUSES, INC.

Principal Place of Business	Mailing Address
5210 W THONOTOSASSA RD PLANT CITY FL 33565	5210 W THONOTOSASSA RD PLANT CITY FL 33565

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1981
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2249932 ☐ 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

~~KEEL, C.J., JR.~~
~~4045 HENDERSON BLVD~~
~~TAMPA FL 33629~~

10. Name and Address of New Registered Agent

81 Name: Keel, C. Joseph III
82 Street Address (P.O. Box Number is Not Acceptable): 5210 W. Thonotosassa Road
83
84 City: Plant City FL 85 Zip Code: 33565

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: C. Joseph Keel III — DATE: 4/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KEEL, C JOSEPH III	1.2 NAME	
STREET ADDRESS	5210 W THONOTOSASSA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KEEL, C J., JR.	2.2 NAME	
STREET ADDRESS	4045 HENDERSON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	KEEL, PATRICIA ANN	3.2 NAME	
STREET ADDRESS	4045 HENDERSON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	~~TD~~	4.1 TITLE	☒ Change ☐ Addition
NAME	~~KEEL, LUANNE~~	4.2 NAME	TD
STREET ADDRESS	~~5210 W THONOTOSASSA RD~~	4.3 STREET ADDRESS	KEEL, RYAN W.
CITY-ST-ZIP	~~PLANT CITY FL~~	4.4 CITY-ST-ZIP	5210 W. Thonoto. Rd. P.C. Fl.
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: C. Joseph Keel III — 4/5/95 — 813-752-4261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

086446 CP