

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F26394 (9)
1. Corporation Name
KEEL'S NURSERY AND GREENHOUSES, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/23/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2249932	
City & State		City & State		5. Certificate of Status Desired	
23		28		☐ \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible	
29		30		Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEEL, C. JOSEPH I
5210 W. THONOTOSASSA RD.
PLANT CITY FL 33565

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	TO	4.1 TITLE	☐ Change ☐ Addition
NAME	KEEL, RYAN W.	4.2 NAME	
STREET ADDRESS	5210 W THONOTOSASSA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
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 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. 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.

CR2E034 (10/97)

2/18/98 752-4261