2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F26394** 1. Entity Name KEEL'S NURSERY AND GREENHOUSES, INC. 8.16 B 197 Principal Place of Business Mailing Address 5210 W THONOTOSASSA RD 🚈 W THONOTOSASSA RD PLANT CITY FL 33565-5700 ***** CITY FL 33565 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

KEEL, C. JOSEPH I

5210 W. THONOTOSASSA RD. PLANT CITY FL 33565

9. This corporation is eligible to satisfy its Intangible

KEEL, C. JOSEPH III

PLANT CITY FL

KEEL, C J JR

KEEL, PATRICIA A

TAMPA FL

TAMPA FL

KEEL, RYAN W

PLANT CITY FL

TD

5210, W THONOTOSASSA RD

4045 HENDERSON BLVD

4045 HENDERSON BLVD

5210 W THONOTOSASSA RD

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

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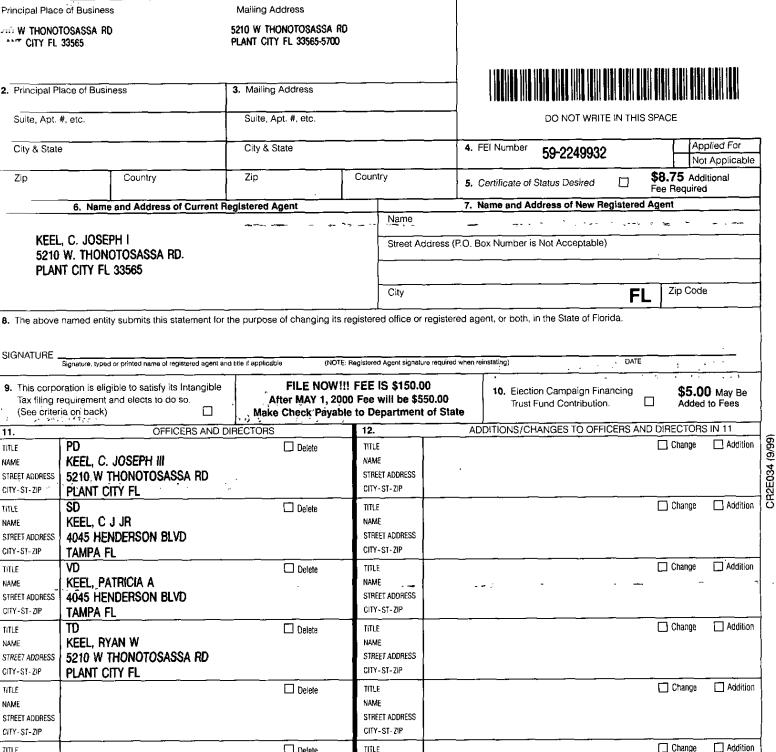
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Name

City

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90161 012 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other ke empowered.

SIGNATURE:

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

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TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

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