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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # **F41429** **(4)**

1. Corporation Name
REYNOLDS NURSERY, INC.

Principal Place of Business	Mailing Address
% DAVID E.REYNOLDS 2701 W.KEEN-CAMPBELL RD. PLANT CITY FL 33565-7899	% DAVID E.REYNOLDS 2701 W.KEEN-CAMPBELL RD. PLANT CITY FL 33565-7899 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1981	3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-2114090	☐ 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	

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

9. Name and Address of Current Registered Agent

REYNOLDS, DAVID E.
2703 W KEEN CAPMBELL RD
PLANT CITY FL 33566

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PTD~~	1.1 TITLE	PRESIDENT / DIRECTOR	☑ Change ☐ Addition
NAME	REYNOLDS, BERNICE	1.2 NAME		
STREET ADDRESS	2701 W.KEEN-CAMPBELL RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP		
TITLE	~~VSD~~	2.1 TITLE	V-P / TREAS. / DIRECTOR	☑ Change ☐ Addition
NAME	REYNOLDS, DAVID E	2.2 NAME		
STREET ADDRESS	2703 W KEEN CAMPBELL RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, ELSIE	3.2 NAME		
STREET ADDRESS	2701 W.KEEN-CAMPBELL RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	SECT / DIRECTOR	☑ Change ☐ Addition
NAME	REYNOLDS, MARY D	4.2 NAME		
STREET ADDRESS	2703 W KEEN CAMPBEL RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	~~REYNOLDS, RONALD D~~	5.2 NAME	STEVE KINCAID	
STREET ADDRESS	~~1409 E.TOMLIN ST.~~	5.3 STREET ADDRESS	2701 W KEENE-CAMPBELL RD	
CITY-ST-ZIP	~~PLANT CITY FL~~	5.4 CITY-ST-ZIP	PLANT CITY, FLA 33565	
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: David Reynolds DAVID REYNOLDS 2-13-95 813-754-2178
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0287658 CP