

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

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F41429** (4)

1. Corporation Name  
**REYNOLDS NURSERY, INC.**

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

Mailing Address  
**% DAVID E. REYNOLDS  
2701 W. KEEN-CAMPBELL RD.  
PLANT CITY FL 33565-2000  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/21/1981**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **33565-5111** 30

9. Name and Address of Current Registered Agent

**REYNOLDS, DAVID E.  
2703 W KEEN CAMPBELL RD  
PLANT CITY FL 33565**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **REYNOLDS, BERNICE**  
STREET ADDRESS **2701 W. KEEN-CAMPBELL RD.**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **VPTD** ☐ DELETE  
NAME **REYNOLDS, DAVID E**  
STREET ADDRESS **2703 W KEEN CAMPBELL RD**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ DELETE  
NAME **REYNOLDS, ELSIE**  
STREET ADDRESS **2701 W. KEEN-CAMPBELL RD.**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **SD** ☐ DELETE  
NAME **REYNOLDS, MARY D**  
STREET ADDRESS **2703 W KEEN CAMPBELL RD**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ DELETE  
NAME **KINCAID, STEVE**  
STREET ADDRESS **2701 W KEENE-CAMPBELL RD**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**100002450021  
-03/09/98--01011--031  
\*\*\*150.00**

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; 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 E. REYNOLDS**

**3-3-98 813-754-2178**

CR2E034 (1097)