

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 18 PM 5:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F49374 (4)**  
1. Corporation Name  
**RYAN'S OLUSTEE CREEK NURSERY, INCORPORATED**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **C/O JOHN P. RYAN, SR.  
ROUTE 1, BOX 141  
LULU FL 32061**

Mailing Address: **C/O JOHN P. RYAN, SR.  
ROUTE 1, BOX 141  
LULU FL 32061**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

Suite, Apt. #, etc.: **27**

City & State: **28**

Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **10/12/1981**

3a. Date of Last Report Applied For: **03/29/1994**

4. FEI Number: **57-0738312**

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

**RYAN, JOHN P., SR.  
RT. 1 BOX 141  
SR 2471 AND 252  
LULU FL 32061**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when new address) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>RYAN, JOHN P., SR.</b>
STREET ADDRESS	<b>RT 1 BOX 141</b>
CITY, ST, ZIP	<b>LULU, FL 00000</b>
TITLE	<b>ST</b>
NAME	<b>RYAN, QUINELLE C.</b>
STREET ADDRESS	<b>RT 1 BOX 141</b>
CITY, ST, ZIP	<b>LULU FL</b>
TITLE	<b>VP</b>
NAME	<b>DAVIS, AMY R</b>
STREET ADDRESS	<b>RT. 4, BOX 112-G</b>
CITY, ST, ZIP	<b>LAKE CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>UP DAVIS, AMY R.</b>
33 STREET ADDRESS	<b>1772 PALM CIRCLE</b>
34 CITY, ST, ZIP	<b>LAKE CITY, FL 32056</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 prepare 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: *Quinelle C. Ryan* **Quinelle C. RYAN S-T. 4-13-95/904-752-8299**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR