

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000003870**

1. Entity Name  
**BAUCOM'S NURSERY COMPANY**



Principal Place of Business  
**3050 BRITT ROAD  
MOUNT DORA, FL 32757**

Mailing Address  
**P.O. BOX 560008  
CHARLOTTE, NC 28256-0008**



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-0751089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LUBBERS, CHARLES  
3050 BRITT ROAD  
MOUNT DORA, FL 32757**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000146771  
05/03/04-80079-005 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	PALMER, ELLEN
STREET ADDRESS	10020 JOHN RUSSELL ROAD
CITY-ST-ZIP	CHARLOTTE, NC 28213
TITLE	VD
NAME	BAUCOM, AMON L JR
STREET ADDRESS	10020 JOHN RUSSELL ROAD
CITY-ST-ZIP	CHARLOTTE, NC 282295558
TITLE	PD
NAME	BAUCOM, GARY C
STREET ADDRESS	10020 JOHN RUSSELL ROAD
CITY-ST-ZIP	CHARLOTTE, NC 282295558
TITLE	V
NAME	LUBBERS, CHARLES
STREET ADDRESS	300 BRITT RD
CITY-ST-ZIP	MT DORA, FL 32757
TITLE	VD
NAME	WESLEY, LIVINGSTON W
STREET ADDRESS	10020 JOHN RUSSELL ROAD
CITY-ST-ZIP	CHARLOTTE, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Ellen Palmer Ellen Palmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-19-04*  
Date

*784-596-3220*  
Daytime Phone #