FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H02119 (6)

1. Corporation Name

WHITE ACRES NURSERY, INC.

Principal Place of Business

1721 TAYLOR RD
DAYTONA BCH FL 32124
US

Mailing Address

1721 TAYLOR RD
DAYTONA BCH FL 32124
US

2. Principal Place of Business
21 1721 TAYLOR RD.
Suite, Apt. #, etc.
22
City & State
23 DAYTONA BEACH, FL.
Zip 24 32124 Country 25 U.S.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28 SAME
Zip 29 SAME Country 30 SAME

3. Date Incorporated or Qualified: 05/04/1984
3a. Date of Last Report: 09/05/1995
4. FEI Number: 59-2585692 ☐ 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

9. Name and Address of Current Registered Agent

WHITE, DONALD J.
1110 MADRID AVENUE
DAYTONA BEACH FL 32114

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 ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WHITE, DONALD J. SR.	
STREET ADDRESS	1110 MADRID AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	V	☐ DELETE
NAME	WHITE, ELAINE M.	
STREET ADDRESS	1110 MADRID AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	☐ DELETE
NAME	LINTON, KATHLEEN W.	
STREET ADDRESS	3752 LONG GROVE LANE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	T	☐ DELETE
NAME	WHITE, KEVIN M.	
STREET ADDRESS	250 MANHATTAN WAY	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	V	☐ DELETE
NAME	WHITE, DONALD J JR	
STREET ADDRESS	250 MANHATTAN WAY	
CITY-ST-ZIP	PT ORANGE 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		

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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 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: Kevin M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (904) 767-3086
Date Daytime Phone #