FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90002 007 ***158.75

DOCUMENT # H07264

1. Entity Name
King Wholesale Nursery, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4205 Bruton Rd.	4205 Bruton Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Plant City, FL	Plant City, FL
Zip 33566 Country USA	Zip 33566 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2410805 ☐ Applied For ☑ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Teresa Mason

Street Address (P.O. Box Number is Not Acceptable): 2420 Baywood Dr.

City: Dunedin FL Zip Code: 34698

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.

SIGNATURE: Teresa C [illegible] 4/23/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President / Director
NAME	Teresa Mason
STREET ADDRESS	2420 Baywood Dr.
CITY-ST-ZIP	Dunedin, FL 34698
TITLE	Vice President / Director
NAME	Teresa Mason
STREET ADDRESS	2420 Baywood Dr.
CITY-ST-ZIP	Dunedin, FL 34698
TITLE	Secretary / Director
NAME	John Graham
STREET ADDRESS	2111 Drew St.
CITY-ST-ZIP	Clearwater, FL
TITLE	Treasurer / Director
NAME	Ray Peacock
STREET ADDRESS	2348 Sunset Point Rd.
CITY-ST-ZIP	Clearwater, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa C [illegible] 4/23/02 813-855-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #