2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H30596 1. Entity Name MORRISON'S FARM & NURSERY, INC.

FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90019 024 ***150.00

	e of Business		Mailing Address			į						
176TH STREET P. O. BOX 39 MCALPIN FL 32062 US			C/O FRED J. MORRISON P. O. BOX 39 MCALPIN FL 32062				(1 (())	(8 6)(8181) e:	SII SIBIT GIGII BIS)(; 4 (8 <u>1)</u> /8 3)	
2. Principal P	Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e e		City & State			4.	FEI Number	59-24794°	11	I IA	pplied For	
								J3 24734	· · · · · · · · · · · · · · · · · · ·	No	ot Applicable	
Zip	Co	untry	Zip	Count	ry	5.	Certificate of	Status Desired		\$8.75 Add		
	6. Name and	Address of Current Re	gistered Agent			7.	Name and A	ddress of New	Registered	Agent		
MORRISON, FRED J.						Name						
1226	88 117TH DIRVE	•			Street Address (P.O. Box Number is Not Acceptable)							
LIVE	OAK FL 33206											
					City					Zip Cod	te	
8. The above	e named entity sub	mits this statement for th	ne purpose of changing its	s registere	d office or	registered a	igent, or both,	in the State of F	-lorida.			
SIGNATURE	Signature, typed or print	ed name of registered agent and	title if applicable (NOT	TE: Registered	I Agent signatu	re required when	nreinstating)		DATE			
9. This core	oration is eligible to	satisfy its Intangible	FILE NOW	/III FEE	IS \$150.:							
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee v Make Check Payable to Da		will be \$5	50.00		tion Campaign F t Fund Contribut			00 May Be ed to Fees	
11.		OFFICERS AND DI	RECTORS	12.		F	ADDITIONS/C	HANGES TO OF	FFICERS AN	ND DIRECTOR	RS IN 11	
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NAME	MORRISON, F	NA		NAM!	ET ADDRESS							
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR