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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90081 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H50837

1. Corporation Name
C. D. NURSERY, INC.

Principal Place of Business
% JACK HAMILTON
P.O. BOX 137
MONTICELLO FL 32344

Mailing Address
C.D. NURSEY %JACK HAMILTON
P.O. BOX 137
MONTICELLO FL 32345
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1985

4. FEI Number
59-2784584
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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, DAVID L.
RT 4, BOX 40431
US 19 N
MONTICELLO FL 32344

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HAMILTON, JACK
STREET ADDRESS U.S. 19 NORTH
CITY-ST-ZIP MONTICELLO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T
NAME HAMILTON, DAVID L.
STREET ADDRESS US 19 NORTH
CITY-ST-ZIP MONTICELLO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME HAMILTON, MARCELINE
STREET ADDRESS U.S. 19 NORTH
CITY-ST-ZIP MONTICELLO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME WAGNER, CYNTHIA H.
STREET ADDRESS U.S. 19 NORTH
CITY-ST-ZIP MONTICELLO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: David Hamilton DAVID HAMILTON 4-14-99 850 997 2988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)