FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:54

DOCUMENT # **J29794** **(1)**

1. Corporation Name

AVON CITRUS NURSERY, INC.

Principal Place of Business	Mailing Address
C/O H.R. COLEMAN 25450 AIRPORT RD. PUNTA GORDA FL 33950	C/O H.R. COLEMAN 25450 AIRPORT RD. PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1986
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2726768 ☐ 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

LEON, J E
C/O FPL COMPANY
9250 W. FLAGLER ST.
MIAMI FL 33174

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, H.R.	1.2 NAME	
STREET ADDRESS	25450 AIRPORT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, M. J.	2.2 NAME	
STREET ADDRESS	25450 AIRPORT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	NORRIS, J.C.	3.2 NAME	
STREET ADDRESS	25450 AIRPORT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	CHOMA, RICHARD	4.2 NAME	
STREET ADDRESS	25450 AIRPORT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	COYLE, DENNIS P	5.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	☐ Change ☐ Addition
NAME	MERRITT, JOHN C	6.2 NAME	
STREET ADDRESS	25450 AIRPORT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

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)(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 with an address, with the exception of an attachment with an address.

SIGNATURE: H Robert Coleman VP — 3-14-95 — (813) 639-2410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338200 CP