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

APPROVED AND FILED

95 APR 14 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K13073** **(7)**

1. Corporation Name
LOOMIS NURSERY, INC.

Principal Place of Business	Mailing Address
160 WRIGHT GROVE RD 431 N CAUSEWAY OAK HILL FL 32759 US	% THOMAS J. SWEET, ESQ. 431 N CAUSEWAY N. SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1988	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2871080	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 % Thomas J. Sweet
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 1298 N. Dixie Freeway
23 City & State	28 City & State New Smyrna Beach, FL
24 Zip / 25 Country	29 Zip 32168 / 30 County Volusia

9. Name and Address of Current Registered Agent

SWEET, THOMAS J., ESQ.
431 N CAUSEWAY
N. SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name: Thomas J. Sweet, Esq
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1298 N. Dixie Freeway
84 City: New Smyrna Beach FL 85 Zip Code: 32168

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] Thomas J. Sweet 3/14/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	LOOMIS, RICHARD	12 NAME	
STREET ADDRESS	3034 YULE TREE DR	13 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Richard Loomis President 3/14/95 904 345-3245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0018781 CP