

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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  
1296 N DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168  
US

3. Date Incorporated or Qualified

01/25/1988

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 160 Wright Grove Rd

22 City & State

27 Suite, Apt. #, etc

28 OAK HILL FL

23 Zip

Country

29 32759

30 Volusia

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 ☒

9. Name and Address of Current Registered Agent

THOMAS J. SWEET ESQ  
431 N CAUSEWAY  
1296 N DIXIE FREEWAY  
N. SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name  
Walter C Loomis

82 Street Address (P.O. Box Number is Not Acceptable)  
160 WRIGHT GROVE RD

83

84 City  
OAK HILL

FL

85 Zip Code  
32759

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 Walter C. Loomis

*Walter C. Loomis*

6-10-96

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LOOMIS, RICHARD  
STREET ADDRESS 3034 YULE TREE DR  
CITY - ST - ZIP EDGEWATER FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP  
12 NAME Loomis Walter C  
13 STREET ADDRESS 160 WRIGHT GROVE RD  
14 CITY - ST - ZIP OAK HILL FL 32759

21 TITLE S  
22 NAME Loomis Theresa  
23 STREET ADDRESS 160 WRIGHT GROVE RD  
24 CITY - ST - ZIP OAK HILL FL 32759

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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(13)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Walter C. Loomis*

WALTER C LOOMIS

6-10-96

904-345-8245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)