

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K14348

Entity Name: T & G NURSERY, INC.

**FILED**  
**Nov 13, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

6702 W. THONOTOSASSA RD  
PLANT CITY, FL 335658478

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 331  
VALRICO, FL 33595 US

**New Mailing Address:**

FEI Number: 65-0035267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLCOMBE, THOMAS M  
6702 W. THONOTOSASSA RD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

HOLCOMBE, THOMAS M  
3005 WISTER CIR  
VALRICO, FL 33596 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS M HOLCOMBE

11/13/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOLCOMBE, THOMAS M.  
Address: 3005 WISTER CIRCLE  
City-St-Zip: VALRICO, FL 33596

Title: S  
Name: HOLCOMBE, J. MARIE  
Address: 3005 WISTER CIRCLE  
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J MARIE HOLCOMBE

SEC

11/13/2014

Electronic Signature of Signing Officer or Director

Date