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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90055 031 ***150.00

DOCUMENT # K18930 1. Corporation Name

DON JONES NURSERY AND GARDEN CENTER, INC.

Principal Place	of Business	Maili	ing Address					1 10010111 10 11	1981 19113 IZIAN	itili Aa lt Die ti	Aidit Biëti bieti	#18(1 B19(1 188)
% DON A. JONES		% D0	% DON A. JONES									
4204 20TH STREET WEST			4204 20TH STREET WEST					DO NOT WRITE IN THE SPACE				
BRADENTON FL 34205			BRADENTON FL 34205				_	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
									o or Qualiled			
<u> </u>		120.1	Mailing Address					03/18/1988 FEI Number			- Δ1	pplied For
¬ ·	lace of Business	\vdash	viailing Address					65-0052454				ot Applicable
Suite, Apt.	# ata	26	Suite, Apt. #, etc.					00 0002404		<u> </u>		Additional
⊸ , ''	#, etc.	27	ouite, Apr. #, etc.				5.	Certifcate of Stat	tus Desired		•	equired
City & State	a		City & State					Election Campai	on Financino		\$5.00	May Be
23		28	,					Trust Fund Cont				to Fees
Zip	Country		Zip	Cou	ntry		8.	This corporation	owes the cur	rent year In	tangible	
24	. 25	29	•	30				Personal Proper		•	Yes	□No
	9. Name and Address of Current		red Agent		Ĺ. <u>.</u>		10.	Name and Add	ress of New	Registered	Agent	
-	÷ :			-,	81	Name						
	ES, DON A.				82	Street A	Address (P	O. Box Number	is Not Accep	table)		
4204	20TH STREET WEST					0	144.000 (1					
Brai	DENTON FL 34205				83		- "		·			
			•		84	City					85 Zip	Code
										FL	_	}
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	2 and 60	7.1508, Florida Statut	es, the a	bove	-named o	corporation	submits this sta	tement for the	purpose o	f changing its	s registered
office or re agent. I a	egistered agent, or both, in the State on the state of the familiar with, and accept the obligated in the control of the contr	of Florida tions of, S	i. Such change was a Section 607.0505, Flo	rida Stat	utes.	ine corpo	JI ALIULI S UU	ald of directors.	i lieleby acc	pr the appe	internetic do r	9.0.0.0
	•											
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent		··		Agent		equired when re			DATE	UD BUDGOT	000 111 40
SIGNATURE	OFFICERS AN		TORS	13.				einstating) ADDITIONS/CHA	NGES TO O			
· · · · · · · · · · · · · · · · · · ·	OFFICERS AND		··	13. 1.1 π	ΠE				NGES TO O		ND DIRECT	ORS IN 12
12.	D JONES, DON A.		TORS	13. 1,1 TI 1.2 NV	TLE	t signature re			NGES TO O			
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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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: