

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K47526**

(4)

1. Corporation Name

BIG TREE NURSERY, INC.



Principal Place of Business

% ROY G. DAVIS
3216 MCINTOSH
DOVER FL 33527

Mailing Address

% ROY G. DAVIS
3216 MCINTOSH
DOVER FL 33527

3. Date Incorporated or Qualified

12/01/1988

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0085329

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

DAVIS, ROY G.
3216 MCINTOSH
DOVER FL 33556

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

Signature of the person who is the registered agent of the corporation

Signature of the person who is the president or secretary of the corporation

(SAY)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DAVIS, ROY G.	
STREET ADDRESS	3224 MCINTOSH RD	
CITY-STATE-ZIP	DOVER FL	
TITLE	VPST	☐ DELETE
NAME	DAVIS, STEVEN W.	
STREET ADDRESS	3216 MCINTOSH RD	
CITY-STATE-ZIP	DOVER FL	
TITLE	D	☐ DELETE
NAME	DAVIS, LETA	
STREET ADDRESS	3224 MCINTOSH RD	
CITY-STATE-ZIP	DOVER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), 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 or authorized person to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this annual report or an attachment with an address.

SIGNATURE:

Steven W. Davis
STEVEN W. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

813-689-4

CR2E034 (12/95)