FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K60223** **(0)**

1. Corporation Name

CRESTVIEW NURSERIES, INC.

Principal Place of Business	Mailing Address
5908 HOUSTON LANE CRESTVIEW FL 32536	5908 HOUSTON LANE CRESTVIEW FL 32536

3. Date Incorporated or Qualified: **01/18/1989**

3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business — 21: Street Address, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Street Address, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: **59-2931556** ☐ 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

HORNE, DALLAS BRISCOE
3705 HORNE HOLLOW ROAD
HOUSTON LANE
CRESTVIEW FL 32536

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 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	1 TITLE	☐ Change ☐ Addition
NAME	HORNE, DALLAS BRISCOE	2 NAME	
STREET ADDRESS	3705 HORNE HOLLOW ROAD	3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4 CITY-ST-ZIP	
TYPE	S ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	HORNE, MYRA JEANETTE	2 NAME	
STREET ADDRESS	5918 HOUSTON LANE	3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4 CITY-ST-ZIP	
TYPE	T ☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	HORNE, THOMAS BARKLY,JR.	3 NAME	
STREET ADDRESS	5918 HOUSTON LANE	3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4 CITY-ST-ZIP	
TYPE	V ☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	HORNE, DANIEL GENE	4 NAME	
STREET ADDRESS	4404 SKYLARK ROAD	4 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4 CITY-ST-ZIP	
TYPE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TYPE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I (we) 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: Dallas Briscoe Horne Dallas Briscoe Horne 1-31-96 904-682-3837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)