Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L49268**

1. Corporation Name

	URSERY, INC.								
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Principal Place of Business Mailing Address CARD LAKE HENDRY DD									
6408 LAKE HENDRY RD. 6408 LAKE HENDRY RD BARTOW FL 33830-9657 BARTOW FL 33830-9657									
US US					Ì	DO NOT WRITE IN	THIS SPACE		
							3. Date Incorporated or Qualifed		
							02/12/1990		
2. Principal Pl	lace of Business	2a. N	failing Address				4. FEI Number	App	plied For
21	٠,	26	26				59-2993696		t Applicable
Suite, Apt.	#, etc.	S	iuite, Apt. #, etc.			1	5. Certifcate of Status Desired	\$8.75 A	I .
22		27						Fee Re	
City & State			City & State				6 Election Campaign Financing	• -	May Be
23		28					Trust Fund Contribution	Added to	o Fees
Zip	Country	— <u>—</u>	lip r	Cou	itry		8. This corporation owes the current ye		No No
24	25	29		30			Personal Property Tax. 10. Name and Address of New Regist		MINO
	9. Name and Address	of Current Registe	red Agent		81 Name		to. Name and Address of New Regist	ered Agent	
LVNC	CH, MICHAEL E				`				
	HENDRY RD.		82 Street Ad			Addres	s (P.O. Box Number is Not Acceptable)		ł
	TOW FL 33830		83						
יאט	101112 00000			ļ	83				
					84 City		ation submits this statement for the purpo	FL 85 Zip C	
agent. I a	egistered agent, or both, in m familiar with, and accept	the obligations of, S	section 607.0505, Flor	nda Stati	tes.	LAA	s board of directors. I hereby accept the	19/99	
SIGNATURE	Signature, typed or printed name of re		pplicable. NOTE:	Registered	Agent signature r		ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTO	RS IN 12
12.	OFFI	egistered agent and tyle if a CERS AND DIREC	pplicable. NOTE:	Registered			ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition
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CITY-ST-ZIP 14. hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS