

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 # **L63564** (3)

1. Corporation Name

BUSHY PARK NURSERY, INC.

Principal Place of Business

**C/O BILLY V. BEAIRD
18245 SW 256 ST.
HOMESTEAD FL 33031**

Mailing Address

**C/O BILLY V. BEAIRD
18245 SW 256 ST.
HOMESTEAD FL 33031**



3. Date Incorporated or Qualified
04/04/1990

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0194152

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

10. Name and Address of New Registered Agent

**BEAIRD, BILLY V.
18245 SW 256 ST.
HOMESTEAD FL 33031**

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

Signatory: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BEAIRD, BILLY V.**
STREET ADDRESS **18245 SW 256 ST.**
CITY-STATE-ZIP **HOMESTEAD FL**

TITLE **STD** ☐ DELETE

NAME **BEAIRD, COLETTE**
STREET ADDRESS **18245 SW 256 ST.**
CITY-STATE-ZIP **HOMESTEAD 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

12 NAME
13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME
23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME
33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME
43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME
53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME
63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ 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)(k), 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:

Billy V Beaird
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)