

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M73912 (1)

1. Corporation Name
MENELEE NURSERY, INC.

Principal Place of Business Mailing Address
5575 HESTER AVE 5575 HESTER AVE
SANFORD FL 32773-3007 SANFORD FL 32773-3007

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/28/1988 3a. Date of Last Report 02/17/1994

4. FEI Number 59-2877398 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

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 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLIN, PHILIP A.
2908 LAKEVIEW DR. 345 E. 52456 #101
FERN PARK FL 32730

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 type in printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENELEE, GWENDOLYN
STREET ADDRESS	5575 HESTER ST.
CITY, ST, ZIP	SANFORD FL
TITLE	VPD
NAME	MENELEE, VIOLA
STREET ADDRESS	5575 HESTER ST.
CITY, ST, ZIP	SANFORD FL
TITLE	ST
NAME	MENELEE, SCOTT, TRACY
STREET ADDRESS	5575 HESTER ST
CITY, ST, ZIP	SANFORD FL
TITLE	T
NAME	MENELEE, DWAYNE
STREET ADDRESS	5575 HESTER ST
CITY, ST, ZIP	SANFORD FL
TITLE	M
NAME	MENELEE, LANGSTON
STREET ADDRESS	5575 HESTER ST
CITY, ST, ZIP	SANFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	2ndVPD
5.3 STREET ADDRESS	MENELEE, LANGSTON
5.4 CITY - ST - ZIP	5575 HESTER AVE SANFORD, FL
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the treasurer 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: *Gwendolyn Menefee* Gwendolyn Menefee, 2-25-95, 407-322-0034
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR