

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 # M73912 (1)

1. Corporation Name

MENEFEE NURSERY, INC.



Principal Place of Business

5575 HESTER AVE
SANFORD FL 32773-3007

Mailing Address

5575 HESTER AVE
SANFORD FL 32773-3007

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 32773-7006

25 Country Seminole

29 Zip

30 Country

3. Date Incorporated or Qualified
03/28/1988

3a. Date of Last Report
03/03/1995

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CARLIN, PHILIP A.
345 E SR 436
SUITE 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent at the time of filing

NOTE: If a new Agent Signature is required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MENEFEE, GWENDOLYN
5575 HESTER ST.
SANFORD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
MENEFEE, VIOLA
5575 HESTER ST.
SANFORD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
MENEFEE, SCOTT, TRACY
5575 HESTER ST
SANFORD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
MENEFEE, DWAYNE
5575 HESTER ST
SANFORD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVPD
MENEFEE, LANGSTON
5575 HESTER ST
SANFORD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(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: *Gwendolyn Menefee P.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96
Date

407-322-0034
Daytime Phone #

CR2E034 (12/95)