....2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 24, 2008 08:00 A Secretary of State DOCUMENT # P01000121630 HALL'S NURSERIES OF JACKSONVILLE, INC. Principal Place of Business Marling Address 5645 BLANDING BLVD. 5645 BLANDING BLVD. JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 80-0002200 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 2140 TREASURE POINT ROAD GREEN COVE SPRINGS FL 32043 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with land accept the obligations of egist-red agent. SIGNATURE e flambtearin (NOTE: Recistered Apert signature required when role fatir at FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. 1 Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D TITLE Defete Addition U00000793722 01/25/08-80021-008 150.00 NAME HALL, JOSEPH D STREET ADDRESS 2140 TREASURE POINT ROAD STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CITY-ST-ZIP TITLE Derete □ Change noitible 🔲 NAME HALL, GEORGE E NAME STREET ADDRESS 2190 ARON DRIVE STREET ADDRESS OITY - ST- 712 GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP TITLE De:ete TITLE ☐ Change Addition HARAS HALL, RUCSELL L PLARAGE STREET ADDRESS 1898 COMMODORE PT STREET ADDRESS CITY-ST-7IP **ORANGE PARK FL 32003** CITY-ST-ZIP TITLE De ete Change ☐ Addition GOODBREAD, ROBERT L 2130 TREASURE POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP THILE □ Deiete TITLE ☐ Change Andulion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP HTGE De ete TITLE ☐ Change ☐ Addition NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes: I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or trustee arms wered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other two empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

c. /-22-08

904-171-6330

Day: no Englis R