

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000035078 (3)

1. Corporation Name  
T & T NURSERIES, INC.

Principal Place of Business

23800 SW 122 AVE  
PRINCETON FL 33032

Mailing Address

23800 SW 122 AVE  
PRINCETON FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1993

4. FEI Number

59-3183746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 23500 SW 127 Ave

Suite, Apt. #, etc.

22

City & State

23 Homestead FL

Zip

24 33032

Country

25 USA

2a. Mailing Address

26 PO Box 924634

Suite, Apt. #, etc.

27

City & State

28 Homestead FL

Zip

29 33092-4634

Country

30 USA

9. Name and Address of Current Registered Agent

TAYLOR, OCTAVIO  
23800 SW 122 AVE  
PRINCETON FL 33032

10. Name and Address of New Registered Agent

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]*

OCTAVIO TAYLOR

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME TAYLOR, OCTAVIO  
STREET ADDRESS 23800 SW 122 AVE  
CITY-ST-ZIP PRINCETON FL 33032

TITLE ☐ DELETE

TD  
NAME TAYLOR, SYLVIA M  
STREET ADDRESS 23800 SW 122 AVE  
CITY-ST-ZIP PRINCETON FL 33032

TITLE ☐ DELETE

VD  
NAME TREWICK, LILLITH C. Y  
STREET ADDRESS 23800 SW 122 AVE  
CITY-ST-ZIP PRINCETON FL 33032

TITLE ☐ DELETE

SD  
NAME TREWICK, GARY  
STREET ADDRESS 23800 SW 122 AVE  
CITY-ST-ZIP PRINCETON FL 33032

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE

*[Signature]*

OCTAVIO TAYLOR

DATE

205-268-136

CR2E034 (10/97)