SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042763 (1)**

1. Corporation Name
C & B NURSERY, INC.

Principal Place of Business	Mailing Address
242 ALCANTARRA STREET NW PALM BAY FL 32907	242 ALCANTARRA STREET NW PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 5775 N. WICKHAM Rd
22 Suite, Apt. #, etc.:
23 City & State: MELBOURNE FL
24 Zip: 32940
25 Country: BREVARD

2a. Mailing Address
26: 4596 COQUINA RIDGE DR.
27 Suite, Apt. #, etc.:
28 City & State: MELBOURNE, FL.
29 Zip: 32935
30 Country: BREVARD

4. FEI Number: 59-3192898 ☐ 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

COX, CARLES F
242 ALCANTARRA ST NW
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: CARLES M. COX
82 Street Address (P.O. Box Number is Not Acceptable): 4596 COQUINA RIDGE DR.
83:
84 City: MELBOURNE FL 85 Zip Code: 32935

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] Carles M. Cox DATE: 7-20-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition PD
NAME	COX, CARLES F	12 NAME	CARLES F. COX
STREET ADDRESS	242 ALCANARRA ST NW	13 STREET ADDRESS	Rt. #1 Box 129-C Flippin Rd.
CITY-ST-ZIP	PALM BAY FL 32907	14 CITY ST ZIP	Low Gap, N.C. 27024
TITLE	TS	21 TITLE	☒ Change ☐ Addition TS
NAME	COX, YVONNE M	22 NAME	COX, YVONNE M.
STREET ADDRESS	3159 MINTON RD	23 STREET ADDRESS	RT. #1 Box 129-C Flippin Rd.
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	Low Gap, N.C. 27024
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I (We) 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)(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. CLIFTON MCCLELLAN Attorney 1-407-784-2700

SIGNATURE: [signature] Yvonne M. Cox Sec/Treas. Yvonne M. Cox 7-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF DURING OFFICER OR DIRECTOR Date

1-910-352-3898
Daytime Phone #

0136309 FP