

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90157 027 ***158.75

0495188

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000060468

1. Corporation Name

ANSON NURSERY, INC.

Principal Place of Business
5296 W. HOMOSASSA TRAIL
LECANTO FL 34461

Mailing Address
5296 W. HOMOSASSA TRAIL
LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1993

4. FEI Number

59-3201961

Applied For

No: 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 owes the current year Intangible Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEARBORN, LOLA L
5296 W. HOMOSASSA TRAIL
LECANTO FL 34461

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, typed or printed name of registered agent and title if applicable.

(NONE) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARBORN, STEPHEN R	1.2 NAME	
STREET ADDRESS	5296 W. HOMOSASSA TRAIL	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LECANTO FL 34461	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARBORN, LOLA L	2.2 NAME	
STREET ADDRESS	5296 W. HOMOSASSA TRAIL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LECANTO FL 34461	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: Lola L. Dearborn **LOLA L. DEARBORN V.P.** **4-26-99** **352-628-4554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)