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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90092 004 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000006510

1. Corporation Name

GONEY'S NURSERY, INC.

Principal Place of Business

38120 ARLINGTON  
LADY LAKE FL 32159

Mailing Address

P O BOX 491633  
LEESBURG FL 34749-633  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

59-3223126

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GONEY, VERNON  
38112 ARLINGTON  
LADY LAKE FL 32159

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Vernon Goney*

(NOT: Registered Agent signature required when reinstating)

VERNON GONEY

4/23/99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GONEY, VERNON  
STREET ADDRESS 38112 ARLINGTON  
CITY-ST-ZIP LADY LAKE FL 32159

TITLE V  
NAME GONEY, BILLY W  
STREET ADDRESS P.O. BOX 1071 N/A  
CITY-ST-ZIP LADY LAKE FL 32159

TITLE S  
NAME OBREGON, VICKIE  
STREET ADDRESS 9661 SE 155TH STREET  
CITY-ST-ZIP SUMMERFIELD FL

TITLE T  
NAME OBREGON, ERNESTO  
STREET ADDRESS 9661 SE 155TH ST.  
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, or change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vernon Goney* VERNON GONEY 4/23/99 (352) 753-3415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)