

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000021490 (5)

1. Corporation Name

SAMANRUBE NURSERY SERVICES, INC.



Principal Place of Business

1130 DOVE HOLLOW LANE
TALLAHASSEE FL 32304

Mailing Address

1130 DOVE HOLLOW LANE
TALLAHASSEE FL 32304

2. Principal Place of Business

21 Sub: Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sub: Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

DUCHEMIN, CLAIRE A
3837-A KILLEARN COURT
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
03/21/1994

3a. Date of Last Report
02/16/1995

4. FET Number
59-3230318

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0127 and 607.0128, 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0128, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D
NAME REED, RUBY A
STREET ADDRESS 1130 DOVE HOLLOW LANE
CITY-STATE-ZIP TALLAHASSEE FL 32304

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP
19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP
23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(a), Florida Statutes. I further certify that the information included 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 manager or business 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:

Ruby A. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

576-9122

CR2E034 (12/95)