

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000048457 (3)

1. Corporation Name

STEINHATCHEE NURSERY, INC.



Principal Place of Business

Mailing Address

310 4TH STREET, N.W.  
STEINHATCHEE FL 32359

310 4TH STREET, N.W.  
STEINHATCHEE FL 32359

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WOOD, LOLA JEAN  
310 4TH STREET, N.W.  
STEINHATCHEE FL 32359

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3303343

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

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 for profit corporation registered agent and filed separately.

(If 2012 Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME WOOD, LOLA JEAN  
STREET ADDRESS P.O. BOX 960 N/A  
CITY-ST-ZIP STEINHATCHEE FL 32359

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☒ Change ☐ Addition

12 NAME Hugh W. Yancey

13 STREET ADDRESS 310 4th Street N.W.

14 CITY-ST-ZIP Steinhatchee, FL 32359

21 TITLE Secretary/Treasurer ☐ Change ☒ Addition

22 NAME Lola Jean Wood

23 STREET ADDRESS 310 4th Street N.W.

24 CITY-ST-ZIP Steinhatchee, FL 32359

31 TITLE Director ☐ Change ☒ Addition

32 NAME William C. Miller

33 STREET ADDRESS 310 4th Street N.W.

34 CITY-ST-ZIP Steinhatchee, FL 32359

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

100001900681  
-07/22/96--01031--028  
\*\*\*200.00

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hugh W. Yancey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh W. Yancey

7/12/96

352-448-1925

CR2E034 (3/96)