

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000017887 (7)

1. Corporation Name

E & W NURSERY, INC.



Principal Place of Business

2051 ART MUSEUM DRIVE STE 130  
JACKSONVILLE FL 32207

Mailing Address

2051 ART MUSEUM DRIVE STE 130  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified  
03/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1914 Art Museum Drive

26 1914 Art Museum Drive

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Jacksonville, Florida

28 Jacksonville, Florida

24 Zip

25 Country

29 Zip

30 Country

24 32207

25 USA

29 32207

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWERS, L. RANDALL  
2051 ART MUSEUM DRIVE STE 130  
JACKSONVILLE FL 32207

81 Name

Towers, L. Randall

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

1914 Art Museum Drive

83

84 City

Jacksonville

FL

85 Zip Code  
32207

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 board approval

(NOTE: Registered Agent's name is required when a change is made.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ENGLISH, JUSTIN C  
STREET ADDRESS POST OFFICE BOX 20072 N/A  
CITY-STATE-ZIP JACKSONVILLE FL 32225

DELETE

TITLE D  
NAME WIMMER, DANIEL S  
STREET ADDRESS POST OFFICE BOX 20072 N/A  
CITY-STATE-ZIP JACKSONVILLE FL 32225

DELETE

TITLE D  
NAME TOWERS, L. RANDALL  
STREET ADDRESS 2051 ART MUSEUM DRIVE, SUITE 130  
CITY-STATE-ZIP JACKSONVILLE FL 32207

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

P, D

Towers, L. Randall

1914 Art Museum Drive

Jacksonville, Florida 32207

500001774299

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\*\*\*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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

(904)399 0134

CR2E034 (12/95)