2001 UNIFORM BUSINESS REPORTURES

Zip Country Zip Country 5. Certificate of Status Desired Desired Status Desired D	DOCUMENT # P95000055742 1. Entity Name CASEY'S NURSERY, INC.							May 18, 2001 8:00 a Secretary of State 04-25-2001 90003 048 ***150.00					
Sulfie, Apt. e, otc. Sulfie, Apt. e, otc. Sulfie, Apt. e, otc. DO NOT WRITE IN THIS SPACE	3851 AVALON MILTON FL 32	I BLVD '	S	3851 AVALON BLVD MILTON FL 32583				- 4441U					
City & State Country Country Country Country Country Country S. Certificate of Status Desired Sa. Reme and Address of Current Registered Agent CASEY, ROSA L 3851 AVALON BLVD. MILTON FL 32583 City	2. Principal	Place of Busin	ess	3. Mailing Address									~
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Exp. Country Zip Country S. Cartificate of Status Desired Agent T. Name and Address of New Registered Agent T. Name and Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Comparison of Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address (P.O. Box Number is Not Acceptable) The Comparison is additional transfer agent and the facekash. Desired Address (P.O. Box Number is Not Acceptable) The Comparison is additional transfer Agent School of Transfer	City & Sta	ile		City & State			4.	FEI Number	59-332356	3		pplied For	
CASEY, ROSA L 3351 AVALON BLVD. MILTON FL 32583 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. SIGNATURE Submina typed or prices name of implices report and title if accletable. [INDTE: Registered Agent algorithm repulsed when releasingly in the State of Portida. SIGNATURE 9. This corporation is eligible to satisfy list Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Thus Fund Contribution. In the State of Portida. SIGNATURE 9. This corporation is eligible to satisfy list Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Thus Fund Contribution. In the State of Portida. STRET ADDRESS OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DESTRET ADDRESS OFFICERS AND DIRECTORS 11. MAKE STRET ADDRESS OFFICERS AND DIRECTORS IN 11 THE DESTRET ADDRESS OFFI-51-2P THE MAKE STRET ADD	·				try	5. Certificate of Status Desired \$8.75 A					ditional		
CASEY, ROSA L 3851 AVALON BLVD. MILTON FL 32583 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature by the internal of incition are all registered agent, or both, in the State of Florida. Signature Burner by the internal of incition are all registered agent, or both, in the State of Florida. Signature Burner by the internal of incition are all registered agent, or both, in the State of Florida. Signature Burner by the internal of incition are all registered agent, or both, in the State of Florida. Signature Burner by the internal of internal of incition are internal of	*	6. Name	and Address of Current					Name and Ad	dress of New R	legistered a	Agent		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Signa	CASEY, ROSA L											-	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Spretters, typed or printed name of registered agent and title if accidulation. 9. This corporation is eligible to satisfy its Intanglible Text filing requirement and elects to do so. (See ortifed on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D CASEY, JOHN T SSTRET ADDRESS OTY-ST-2P MILTON FL. 32583 MILTON F	MILTON FL 32583					City	City Zip Code						7
Make Check Payable to Department of State Make Check Payable to Department of State Make Check Payable to Department of State	SIGNATURE	Signature, typed oration is eligi	or printed name of registered egent	and title if applicable. [NOTE	: Registered	Agent algneture req	uired when r	einstating)	n Campaign Fin	DATE ancing	\$5.0	О Мау Ва	
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: 3

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