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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000072521 (4)

1. Corporation Name
NURSERIES NATIONWIDE DELIVERY, INC.



Principal Place of Business
510 JASMINE RD.
ST. AUGUSTINE FL 32086

Mailing Address
510 JASMINE RD.
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1995

4. FEI Number

59-3341531

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BURRELL, SHARON C
510 JASMINE RD.
ST. AUGUSTINE FL 32086

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BURRELL, SHARON C
STREET ADDRESS 510 JASMINE ROAD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DS ☒ DELETE

NAME DIXON, CINDA E
STREET ADDRESS 8270 COLEE COVE ROAD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DT ☐ DELETE

NAME CAMP, LANCE H
STREET ADDRESS 29 TARRAGONA CT.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE V ☐ DELETE

NAME BURRELL MICHAEL G.SR.
STREET ADDRESS 510 JASMINE RD.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE LANCE H. CAMP

CR2E034 (10/97)

**MINUTES OF THE ANNUAL MEETING OF SHAREHOLDERS
OF**

NURSERIES NATIONWIDE DELIVERY, INC.

The Annual Meeting of the Shareholders of NURSERIES NATIONWIDE DELIVERY, INC. was held at 5:00 o'clock p.m. on April 14, 1998, pursuant to a Waiver of Notice of the Annual Shareholders Meeting, at the offices of the corporation. Said Waiver was signed by the shareholders of the corporation and a copy is attached hereto.

The following shareholders were present in person or with proxy at the meeting:

NAME

NO. OF SHARES

Sharon C. Burrell and
Michael G. Burrell, Sr., TBE

520

Lance H. Camp and Sylvia Camp, TBE

480

The President called the meeting to order and presided at the meeting as Chairman, and the Secretary of the corporation served as Secretary of the meeting.

The President read a report of the business of the corporation during the previous period, including a statement of the financial condition of the Corporation. Upon motion duly made, seconded and carried, the report was unanimously approved.

**WAIVER OF NOTICE AND RATIFICATION
OF THE ANNUAL MEETING OF THE SHAREHOLDERS
OF**

NURSERIES NATIONWIDE DELIVERY, INC.

We, the undersigned, being all of the Shareholders of NURSERIES NATIONWIDE DELIVERY, INC., a corporation organized under the laws of the State of Florida, do hereby waive notice of the date, time, place, and purpose of the Annual Meeting of the said Corporation and do hereby consent that the time and place for holding said meeting shall be the 14th day of April, 1998 at the offices of the corporation, the minutes of which we have read and in signification of such approval, ratification and confirmation and of our assent to any and all the acts of this said meeting, do hereby sign our names and affix our seals.

Dated: 14 APR 1998

Sharon C. Burrell
Sharon C. Burrell, Shareholder

Michael G. Burrell Sr.
Michael G. Burrell, Sr., Shareholder

Sylvia E. Camp
Sylvia E. Camp, Shareholder

Lance H. Camp
Lance H. Camp, Shareholder