FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
May 13 1998 8:00am
Secretary of State

[redacted]

DOCUMENT # P96000047191

1. Corporation Name
N.E. FLORIDA NATIVE NURSERY, INC.

Principal Place of Business
1505 PLAINFIELD AVE
ORANGE PARK, FL 32073

Mailing Address
1505 PLAINFIELD AVE
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2615 DAWIN ROAD N
Suite, Apt. #, etc. (22)	
City & State (23)	JACKSONVILLE FL
Zip (24)	32207
Country (25)	USA
2a. Mailing Address (26)	2615 DAWIN ROAD N
Suite, Apt. #, etc. (27)	
City & State (28)	JACKSONVILLE FL
Zip (29)	32207
Country (30)	USA

3. Date Incorporated or Qualified: 05/28/1996

4. FEI Number: 59-339-2547 — 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

9. Name and Address of Current Registered Agent

DINKINS, BENJAMIN
1505 PLAINFIELD AVENUE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2615 DAWIN ROAD N
83	
84 City	JACKSONVILLE FL
85 Zip	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] DATE 4/28/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DINKINS, BENJAMIN	
STREET ADDRESS	1505 PLAINFIELD AVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
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	2615 DAWIN ROAD N	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
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		

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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 [signature] BENJAMIN DINKINS 4/28/98