


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

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|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <u>P97000088-05</u> <u>P97000088805</u> | | | | | |
| 1. Corporation Name <u>CARTER SONS NURSERY, Inc.</u> | | | | | |

FILED
99 JUN 18 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business <u>5796 20th St Lake City FL 32024</u> | Mailing Address <u>5796 20th St Lake City FL 32024</u> |
|---|---|

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|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 29 |

| | |
|--|--|
| 3. Date Incorporated or Qualified | |
| 4. FEI Number <u>59-3489644</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent | |
| <u>Watson Todd</u> <u>7785 Baymeadows Way, Ste 107</u> <u>Jacksonville Fla. 32257</u> | |

| | |
|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| | <u>FL</u> |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 12. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Secretary/Treasurer</u> <u>CIARA CARTER</u> <u>5796 20th St</u> <u>LAKE CITY FL 32024</u> |
| <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP | <u>SENIOR VICE PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>RANDALL A. CARTER</u> <u>5735 20th St</u> |
| 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP | <u>SENIOR VICE PRESIDENT</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>DERICK A. CARTER</u> <u>5796 20th St</u> <u>LAKE CITY FL 32024</u> |
| 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP | <u>300002915122-00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>-06/25/99--01006--003</u> <u>*****61.25 *****61.25</u> |
| 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: Clara M. Carter May 6, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)