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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 26 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000313

1. Corporation Name
SHERBURN DAKIN & SON NURSERY, INC.

Principal Place of Business	Mailing Address
5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221	5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1998

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24 / 25	Zip / Country	29 / 30	Zip / Country

4. FEI Number: 65-0803210 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAKIN, SHERBURN F. 5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE _____
(Type, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAKIN, KIRT S		1.2 NAME	
STREET ADDRESS	5916 ELLENTON GILLETTE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAKIN, SHERBURN F		2.2 NAME	
STREET ADDRESS	5916 ELLENTON GILLETTE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAKIN, PEGGY J		3.2 NAME	
STREET ADDRESS	5916 ELLENTON GILLETTE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	IZZO-DAKIN, REBECCA		4.2 NAME	
STREET ADDRESS	5916 ELLENTON GILLETTE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/11/99 941-722-78
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E030 (11/98)