

DOCUMENT # P98000001097

1. Entity Name
TAYLOR'S NURSERY, INC.

Principal Place of Business
924 HIGHWAY 17 NORTH
YULEE FL 32097

Mailing Address
924 HIGHWAY 17 NORTH
YULEE FL 32097

2. Principal Place of Business
924 Highway 17 North
Suite, Apt. #, etc.

3. Mailing Address
924 Highway 17 North
Suite, Apt. #, etc.

City & State
Yulee, Florida
Zip
32097
Country
USA

City & State
Yulee, Florida
Zip
32097
Country
USA

4. FEI Number 59-3484817

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BARBARA T
961 GOODBREAD DRIVE
YULEE FL 32097

7. Name and Address of New Registered Agent

Name

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

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 Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVD
TAYLOR, BARBARA T
961 GOODBREAD DRIVE
YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
TAYLOR, DANNY J
961 GOODBREAD DRIVE
YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 attachment with an address, with all other like empowered.

SIGNATURE: Barbara T. Taylor Barbara T. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90008 050 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)