

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

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

04-27-2001 90343 041 ***150.00

DOCUMENT # P98000025608

1. Entity Name

MAY NURSERY SPREADER COMPANY

Principal Place of Business

Mailing Address

ROUTE 5, BOX M
 HAVANA FL 32333

ROUTE 5, BOX M
 HAVANA FL 32333

2. Principal Place of Business

178 May Nursery Rd.

Suite, Apt. #, etc.

3. Mailing Address

178 May Nursery Rd.

Suite, Apt. #, etc.

City & State
 Havana, FL

City & State
 Havana, FL

4. FEI Number **APPLIED FOR**

59-3722-831

Applied For

Not Applicable

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, HOMER M
 113 N. MADISON
 QUINCY FL 32351

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 reappointing)

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	TD	<input type="checkbox"/> Delete
NAME	MAY, FRED B	
STREET ADDRESS	681 FOREST LAIR	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAY, JOHN B	
STREET ADDRESS	RT 2 BOX 156C	
CITY-STATE-ZIP	QUINCY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAY, DONALD F JR	
STREET ADDRESS	RT 2 BOX 156C	
CITY-STATE-ZIP	QUINCY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, FOUNTAIN H	
STREET ADDRESS	RT 2 BOX 189C	
CITY-STATE-ZIP	QUINCY FL	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	FLETCHER, HOMER M JR	
STREET ADDRESS	113 N. MADISON STREET	
CITY-STATE-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	May, Fred B.	
STREET ADDRESS	681 Forest Lair	
CITY-STATE-ZIP	Tallahassee, FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	May, John B.	
STREET ADDRESS	637 Solomon Dairy Rd.	
CITY-STATE-ZIP	Quincy, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	May, Fountain H. Jr.	
STREET ADDRESS	835 Attapulugus Hwy.	
CITY-STATE-ZIP	Quincy, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 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:

Fountain H. May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (850) 539-6495

Date

Daytime Phone #

CR2E034 (10/00)