


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 |
|--|---|---|

DOCUMENT # P98000059637
 1. Corporation Name
NORTH FLORIDA NURSERY & TREE FARM, INC.

| | |
|--|--|
| Principal Place of Business 126 SOUTH MAIN STREET CHIEFLAND FL 32626 | Mailing Address P.O. BOX 1126 CHIEFLAND FL 32626 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

59-3531528

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

25

29

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 D
 ANDREWS, ANDY D
 126 SOUTH MAIN STREET
 CHIEFLAND FL 32626
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/98)