SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000060277

KEEL'S NURSERY SOUTH, INC.

Mailing Address

17350 S.W. 236TH STREET 17350 S.W. 236TH STREET

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90011 030 ***150.00



| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number — Applied For | MIAMI FL 33031 | | MIAMI FL 33031 | | | | DO NOT WRITE IN THIS SPACE |
|---|--|---|-----------------------------|--------------|----------|----------------|--|
| Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. | | | | | | | 3. Date Incorporated or Qualified |
| Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. S. Cartificate of Status Desired \$8.75 Additional \$8.75 Additional \$5.00 May Be Addition \$5.00 May Be | 2. Principal Place of Business 2a. Mailing Address | | | | | | |
| Suite, Apt. #, etc. 27 27 27 27 27 27 27 2 | 21 | | 26 |]. | | | Not Applicable |
| City & State Ci | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | E Cortificate of Status Desired |
| 28 | | | | | | _ | 6. Election Campaign Financing \$5.00 May Re |
| Zip Country Zip Country Zip Country 8. f. This cooperation owes the current year intengible personal Property ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name 14. Name 15. | | ,, | | | | | |
| Section Sect | _ | Country | | | ountry | | 8. This corporation owes the current year |
| 9. Name and Address of Current Registered Agent KEEL, C. JOSEPH III \$210 W. THONOTOSASSA ROAD PLANT CITY FL 33566 12 Street Address (P.O. Box Number is Not Acceptable) 13 Sagent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, acciden 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, and around accept the obligation of, acciden office of 70.505, Florida Statutes. SIGNATURE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY EL 2008 15. TITLE 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TITLE 17. TITLE | — · | 1 | — | 30 | • | | |
| KEEL, C. JOSEPH III 5210 W. THONOTOSASSA ROAD PLANT CITY FL 33566 13 14 City FL 15 City FL 165 | | 1-31 | | | \top | | |
| Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) | | | | | 81 | Name | |
| SZIO W. HONOTOSASSA ROAD PLANT CITY FL 33566 11. Pursuant to the provisions of sections 807.0502 and 807.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 607.0505. Florida Statutes. SIGNATURE Signature, hyper or prised name of ingestized agent and accept the obligations of, section 607.0505. Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME VALDES, ERNEST 13.9TREET ADDRESS 17350 S.W. 238TH STREET 13.9TREET ADDRESS 17350 S.W. 238TH STREET 13.9TREET ADDRESS 13. TITLE 13. TITLE 13.9TREET ADDRESS 13. TITLE 13.9TREET ADDRESS 13. TITLE 13. TITL | KEEL | , C. Joseph III | | | | | |
| PLANT CITY FL 33566 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 807 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, in familiar with, and accept the obligations of, section 607 (905), Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. In TITLE 15. I | 5210 | W. THONOTOSASSA ROAD | | | 82 | Street Ad | Idress (P.O. Box Number is Not Acceptable) |
| ### City ### | | | | 97 | | | |
| T1. Pursuant to the provisions of sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 607 0505, Florida Statutes. SIGNATURE Signature, typed or present name of registered agent agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 11. TITLE VALDES, FRNEST 17350 S.W. 236TH STREET 1735 | | | | | 103 | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's doard or directors. I hereby accept use appointment as registered agent and as expected 607-0505, Florida Statutes. SIGNATURE Stynature, open or premote name of requisived agent and tase if explicable. NATE NAME | | | | | 84 | City | FL 85 Zip Code |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's doard or directors. I hereby accept use appointment as registered agent and as expected 607-0505, Florida Statutes. SIGNATURE Stynature, open or premote name of requisived agent and tase if explicable. NATE NAME | 11 Dumunt | to the provisions of sections 607.0503 | 2 and 607 1508 Florida | Statutes the | ahove. | named cor | poration submits this statement for the purpose of changing its registered |
| SIGNATURE Signature, typed or printed name of inguistered agent and title if applicable (NOTE: Registered Agent airgusture required whem reinstating) | office or a | registered agent or both in the State | of Florida, Such change | was authoriz | ed by | the corpor | ation's board of directors. I hereby accept the appointment as registered |
| 12. | ì | an landar man, and assign the range | | | | | |
| TITLE | SIGNATURE | Signature, typed or printed name of registered agen | nt and title if applicable. | (NOTE: Regi | stered A | gent signature | |
| NAME VALDES, ERNEST 12 NAME 13 STREET ADDRESS 17350 S.W. 236TH STREET 13 STREET ADDRESS 174 CITY-ST-ZIP | 12. | OFFICERS AN | D DIRECTORS | 1: | 3. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 17350 S.W. 236TH STREET | TITLE | PD | DELE | TE 1.1 | TITLE | | Change Addition |
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| STD | 1 1 | | W | | | | |
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| CITY-ST-ZIP 6.4 CITY-ST-ZIP | { | | | | | ADDRESS | |
| | | | | | | - (| ! |
| | 14. I hereby ce | ertify that the information supplied with | this filing does not quali | | | | section 119.07(3)(i), Florida Statutes. I further certify that the information |

4. 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 of fusee 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 attacking only with an address.

SIGNATURE:

SIGNATURE AND TYPED OF SPRING OF SIGNING OFFICER OF DIRECTOR

7-7-99

(305) 248 - Sto 69

Keel's Nursery South, Inc.

-17201-SW-248-Street --Homestead, FL 33031

July 8, 1999

Division Of Corporations Annual Reports Filings PO BOX 1500 Tallahassee , FL 32302-1500

Document # P98000060277

To Whom It May Concern:

Due to the fact that the first notice was not received. Check # 1576 is made out for \$150.00. The amount of renewal. (per phone conversation on 7/8/99)

Sincerely,

· Ernest Valdes