

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90077 033 \*\*\*150.00

DOCUMENT # P98000079847

1. Entity Name  
**DEEPSOUTH PINE NURSERY, INC.**

Principal Place of Business      Mailing Address  
**6600 HWY. #2**                              **6600 HWY. #2**  
**BASCOM FL 32423**                              **BASCOM FL 32423**

2. Principal Place of Business      3. Mailing Address  
**5550 Boomerang Road**              **P.O. Box 267**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Bascom, FL</b>		City & State <b>Bascom, FL</b>		4. FEI Number <b>59-3535240</b>	Applied For <input type="checkbox"/>
Zip <b>32423</b>	Country <b>USA</b>	Zip <b>32423</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CANNON, GARY P</b> <b>6600 HWY. #2</b> <b>BASCOM FL 32423</b>		7. Name and Address of New Registered Agent Name <b>Cannon, Gary P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5550 Boomerang Road</b> City <b>Bascom</b> <b>FL</b> Zip Code <b>32423</b>	
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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 *Gary P Cannon*      DATE 4/10/00  
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANNON, GARY P</b>		NAME		
STREET ADDRESS	<b>202 CARR ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLQUITT GA 31737</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASTY, JIMMY H</b>		NAME		
STREET ADDRESS	<b>6600 HWY. #2</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BASCOM FL 32423</b>		CITY-ST-ZIP		
TITLE	<b>S/T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, JOHN W</b>		NAME		
STREET ADDRESS	<b>5522 WILLIAMS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DONALSONVILLE GA 31745</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: *John W. Manning*      DATE 4/7/00      DAYTIME PHONE # (850) 569-2488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRZE034 (9/99)