

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000041578

Entity Name: ADAMCO NURSERIES, INC.

FILED
Oct 08, 2004
Secretary of State

Current Principal Place of Business:

3315 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

3315 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 65-0917813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTERSON, RITA
217 W. PALMETTO STREET
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, RICHARD
Address: 3315 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: SD () Delete
Name: ADAMS, BARBARA
Address: 3315 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: TD () Delete
Name: ADAMS, JAMES E SR.
Address: 3315 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ADAMS

TD

10/08/2004

Electronic Signature of Signing Officer or Director

Date