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95 MAY - 1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S69626** (7)

1. Corporation Name
JAN'S NURSERY, INC.

Principal Place of Business Mailing Address

**10765 S. US HIGHWAY 41
DUNNELLON FL 34430**

**P.O. BOX 662
DUNNELLON FL 34430**

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. #, etc. 26 State, Apt. #, etc.

22 City & State 27 City & State

23 City & State 28 City & State

24 Zip 25 County 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1991** 3a. Date of Last Report **06/27/1994**

4. FEI Number **59-3076927** 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 Fees**

8. This corporation has liability for intangible tax under S. 199.0312, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DEWITT, JANICE M.
19480 SW 36TH ST.
DUNNELLON FL 34431**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Janice Dewitt* *President* *4/26/95*

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DEWITT, JANICE M.
STREET ADDRESS	19480 SW 36TH ST
CITY, ST, ZIP	DUNELLON FL
TITLE	VP
NAME	DEWITT, JEFERY W
STREET ADDRESS	PO 1658
CITY, ST, ZIP	DUNNELLON FL
TITLE	VP
NAME	DEWITT, WILLIAM
STREET ADDRESS	HCO1 BOX 127-A
CITY, ST, ZIP	DUNNELLON FL
TITLE	V
NAME	DEWITT, KEVIN L
STREET ADDRESS	19484 SW 36TH STREET
CITY, ST, ZIP	DUNNELLON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 of this document with an address.

SIGNATURE: *Janice Dewitt* *President* *4/26/95* *904489-0226*