PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90006 025 ***150.00

DOCUM 1. Corporation	MENT # S69626					
JAN'S N	ursery, inc.					
Principal Place	of Business	Mailing Address			1830 Budal Tundi Budat 4182) ib	II
•		P.O. BOX 662				
10765 S. US HIGHWAY 41 P.O. BOX 662 DUNNELLON FL 34430 DUNNELLON FL 34430						
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	•	- 1
				07/24/1991	Applied For	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 50-2075027	Not Applicat	ia
21		28		59-3076927	\$8.75 Additional	 -
Suite, Apt. f	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	1
22		City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State	9	28		Trust Fund Contribution	Added to Fees	}
Zip	Country	Zip	Country	8. This corporation owes the current year Int.	angible	
24	25	- 29	30	Personal Property Tax.	<u>- □ Yos □ No</u>	_
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
			81 Name	Sanice M. Dewitt		-
	itt, leo e		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
19480 SW 36TH ST		1948	dress (P.O. Box Number is Not Acceptable)			
DUN	NELLON FL 34431		83	•		- 1
			84 City		85 Zip Code	
				innellonFL	. 399 <u>3 </u>	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	les, the above-named cor	reporation submits this statement for the purpose of	changing its registered ntment as registered	'
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a ons of Section 607:0505, Flo	aumonzan by use corpora orida Statules.	tion's board of directors. I hereby accept the appoin	/	
	Lanicembel	UKK		3/02	199	
SIGNATURE	Signification of printed name of registered agent	and trile if applicable. (NOTE	E: Registered Agent signature requi	ured when reinstating) DATE	777	- - 8
SIGNATURE	Signifure, Isped or printed name of registered egent	and trile if applicable. (NOTE DIRECTORS	E: Registered Agent signature requi	3/02	DIRECTORS IN 12	11/98)
SIGNATURE	Sprifture, Speed or priviled name of registered egent OFFICERS AND	and trile if applicable. (NOTE	### ### ##############################	ured when reinstating) DATE	777	§
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sprifting, Fixed or priviled name of registered agent OFFICERS AND PST DEWITT, JANICE M. 19480 SW 36TH ST DUNELLON FL	and this if applicable. (NOTI DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ured when reinstating) DATE	ID DIRECTORS IN 12	R2E034 (11
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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 early; 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: