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Feb 09, 1999 8:00am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S93659

1. Corporation Name

OCTAVIO TAYLOR NURSERY, INC.

Principal Place of Business

23701 SW 120 AVE.
MIAMI FL 33032
US

Mailing Address

5666 S.W. 130 AVE.
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1991

4. FEI Number

65-0294543

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TAYLOR, OCTAVIO
5666 S.W. 130 AVE.
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

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

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

Oct Taylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
TAYLOR, OCTAVIO
STREET ADDRESS
5666 S.W. 130 AVE
CITY-ST-ZIP
MIAMI FL 33183

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, SYLVIA
STREET ADDRESS
5666 S.W. 130 AVE
CITY-ST-ZIP
MIAMI FL 33183

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, IVAN
STREET ADDRESS
5666 S.W. 130 AVE
CITY-ST-ZIP
MIAMI FL 33183

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, OCTAVIO J
STREET ADDRESS
5666 S.W. 130 AVE
CITY-ST-ZIP
MIAMI FL 33183

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, SYLVIA P
STREET ADDRESS
5666 S.W. 130 AVE
CITY-ST-ZIP
MIAMI FL 33183

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, SYLVIA P
STREET ADDRESS
5666 S.W. 130 AVE
CITY-ST-ZIP
MIAMI FL 33183

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, SYLVIA P
STREET ADDRESS
5666 S.W. 130 AVE
CITY-ST-ZIP
MIAMI FL 33183

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Oct Taylor

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-02-99

Date

305-258-4768

Daytime Phone #

CR2E034 (11/98)