FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V01530** **(7)**

1. Corporation Name

WOODLAND NURSERIES, INC.

Principal Place of Business	Mailing Address
6870 PHILLIPS HIGHWAY JACKSONVILLE FL	POST OFFICE BOX 1486 CALLAHAN FL 32011 US

2. Principal Place of Business	2a. Mailing Address
21 Powe Road	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hilliard, Florida	28
Zip / Country	Zip / Country
24 / 25 Nassau	29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
12/18/1991	05/01/1995
4. FEI Number	☐ Applied For ☐ Not Applicable
59-3097499	
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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CONE, FRED M., JR.
225 WATER STREET
SUITE 1235
JACKSONVILLE FL 32202

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 _____ (Signature, typed or printed name of Registered Agent & Title, if applicable) (Note: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CASSIDY, JOHN T.		1.2 NAME		
STREET ADDRESS	6870 PHILLIPS HIGHWAY		1.3 STREET ADDRESS	POST OFFICE BOX 1486	
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LANE, CLAUDIA C.		2.2 NAME		
STREET ADDRESS	6870 PHILLIPS HIGHWAY		2.3 STREET ADDRESS	POST OFFICE BOX 1486	
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CASSIDY, RICHARD C., JR.		3.2 NAME		
STREET ADDRESS	6870 PHILLIPS HIGHWAY		3.3 STREET ADDRESS	POST OFFICE BOX 1486	
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John T. Cassidy 4-17-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #