

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 649387

**Entity Name:** WHITE SAND NURSERIES, INC.

**Current Principal Place of Business:**

602 HERMIT SMITH ROAD  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 968  
PLYMOUTH, FL 32768 US

**FEI Number:** 59-1955949

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CINCOTTA, JAMES  
4980 SE INLET ISLE WAY  
STUART, FL 34997 US

*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:** JAMES CINCOTTA

03/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GILDEA, WILLIAM A  
Address 368 WASHINGTON STREET  
206  
City-State-Zip: DEDHAM MA 02026

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM A. GILDEA

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date