

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H50837

**FILED
Mar 26, 2018
Secretary of State
CC7633372358**

Entity Name: C. D. NURSERY, INC.

Current Principal Place of Business:

C. D. NURSERY, INC.
139 DEMOTT ROAD
MONTICELLO, FL 32344

Current Mailing Address:

C.D. NURSEY, INC. ATTN: DAVID HAMILTON
P.O. BOX 137
MONTICELLO, FL 32345 US

FEI Number: 59-2784584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON, DAVID L.
C.D. NURSEY, INC. ATTN: DAVID HAMILTON
P.O. BOX 137
MONTICELLO, FL 32345 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title PRES
Name HAMILTON, MARCELINE S.
PRESIDENT
Address C.D. NURSEY, INC. ATTN: DAVID
HAMILTON
P.O. BOX 137
City-State-Zip: MONTICELLO FL 32345

Title TRES
Name HAMILTON, DAVID L
Address P.O. BOX 137
City-State-Zip: MONTICELLO FL 32345

Title VP
Name HAMILTON, MARCELINE
Address C.D. NURSEY, INC. ATTN: DAVID
HAMILTON
P.O. BOX 137
City-State-Zip: MONTICELLO FL 32345

Title SEC
Name WAGNER, CYNTHIA H.
Address 719 THISTLEWOOD DRIVE
City-State-Zip: HOUSTON TX 77079

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: DAVID HAMILTON

TREAS.

03/26/2018

Electronic Signature of Signing Officer/Director Detail Date