

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000088714

**Entity Name:** LONE OAK NURSERY, INC.

**Current Principal Place of Business:**

7015 S.R. 471  
BUSHNELL, FL 33513

**Current Mailing Address:**

7015 S.R. 471  
BUSHNELL, FL 33513

**FEI Number:** 59-3218725

**Certificate of Status Desired:** No

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

MADDOX, BRENDA  
7015 STATE ROAD 471  
BUSHNELL, FL 33513 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 DST  
Name MADDOX, GLEN  
Address 7015 SR 471  
City-State-Zip: BUSHNELL FL

Title DP  
Name MADDOX, BRENDA  
Address 7015 SR 471  
City-State-Zip: BUSHNELL FL

*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:** BRENDA MADDOX

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date