# 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: SUSAN NEWBERRY

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P02000078241 Entity Name: OAK FARMS NURSERY WHOLESALE & RETAIL, INC.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

850 INDIANA AVENUE NORTH ENGLEWOOD, FL 34223

### **Current Mailing Address:**

850 INDIANA AVENUE NORTH ENGLEWOOD. FL 34223

### FEI Number: 01-0736909

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

Electronic Signature of Registered Agent

NEWBERRY, SUSAN 850 INDIANA AVENUE NORTH ENGLEWOOD, FL 34223 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:

Officer/Director Detail :			
Title	PT	Title	VS
Name	NEWBERRY, BILLY F	Name	NEWBERRY, SUSAN
Address	850 INDIANA AVENUE NORTH	Address	850 INDIANA AVENUE NORTH
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	ENGLEWOOD FL 34223

Certificate of Status Desired: Yes

VICE PRESIDENT

04/20/2016 Date

# FILED Apr 20, 2016 Secretary of State CC7052884460

Date