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.

PT

SIGNATURE: BILLY NEWBERRY

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078241

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

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

PI	litle	VS
NEWBERRY, BILLY F	Name	NEWBERRY, SUSAN
850 INDIANA AVENUE NORTH	Address	850 INDIANA AVENUE NORTH
ENGLEWOOD FL 34223	City-State-Zip:	ENGLEWOOD FL 34223
		NEWBERRY, BILLY F Name 850 INDIANA AVENUE NORTH Address

Certificate of Status Desired: No

FILED Mar 26, 2019 Secretary of State 4773284623CC

Date

03/26/2019 Date