

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

25 MAY 12 AM 8:15

SECRETARY OF STATE  
TALMADGE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Nancy B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S45151** (5)

1. Corporation Name  
**OAK ISLAND NURSERIES, INC.**

Principal Place of Business: **105 TREE FARM RD. SEBRING FL 33872**  
Mailing Address: **105 TREE FARM RD. SEBRING FL 33872**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1991** 3a. Date of Last Report: **05/13/1994**  
4. FEI Number: **65-0396582** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**  
22. State Apt # etc: **27** 27. State Apt # etc:  
23. City & State: **28** 28. City & State:  
24. City: **25** 25. City: **29** 29. City: **30** 30. City:

9. Name and Address of Current Registered Agent  
**MURDOCK, GAYLE E  
2165 N TORRINGTON RD  
AVON PARK FL 33825**

10. Name and Address of New Registered Agent  
B1 Name:  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3:  
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0142 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0142, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Print Name of Registered Agent or Director) \_\_\_\_\_ (Print Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

12a. NAME	<b>D FRANZA, JOE</b>
12b. STREET ADDRESS	<b>101 E MONROE ST AVON PARK FL</b>
12c. CITY	<b>D</b>
12d. NAME	<b>MCDANIEL, B WAYNE SR</b>
12e. STREET ADDRESS	<b>105 TREE FARM RD SEBRING FL</b>
12f. CITY	<b>D</b>
12g. NAME	<b>MURDOCK, GAYLE E</b>
12h. STREET ADDRESS	<b>2165 N TORRINGTON RD AVON PARK FL</b>
12i. CITY	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. STREET ADDRESS	
13c. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13d. NAME	
13e. STREET ADDRESS	
13f. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13g. NAME	
13h. STREET ADDRESS	
13i. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME	
13k. STREET ADDRESS	
13l. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13m. NAME	
13n. STREET ADDRESS	
13o. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked and qualify for the recognition stated in the form 119124 (84), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation on the return or trust instrument empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or in an attachment with an address.

SIGNATURE: *B. Wayne McDaniel* 5/1/95 813-465-1231  
SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR