

1.) CORPORATION NAME: <b>B &amp; D NURSERY, INC.</b>	DUE DATE: <b>12/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>H. C. BINFORD JR.          1220 WEST DANVILLE ST.          PO BOX 311           SOUTH HILL, VA</b>	SCC ID NO: <b>04389995</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>MECKLENBURG COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1220 W DANVILLE ST  CITY/ST/ZIP: SOUTH HILL, VA 23970	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: H. C. BINFORD, JR. TITLE: PRESIDENT ADDRESS: 1311 TANGLEWOOD DR. CITY/ST/ZIP/CO: SOUTH HILL, VA 23970	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PHYLLIS T BINFORD TITLE: S/T ADDRESS: 1311 TANGLEWOOD DR CITY/ST/ZIP/CO: SOUTH HILL, VA 23970	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ H. C. BINFORD, JR.	H. C. BINFORD, JR., PRESIDENT	11/10/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.