



C O M P A N I E S   H O U S E

THE REGISTRAR OF COMPANIES  
COMPANIES HOUSE  
CROWN WAY  
CARDIFF  
CF4 3UZ



**This form should be completed in black.**

The information printed below is taken from Companies House records as at 29/10/97

If this information requires amendment use the spaces opposite.

**Date of this return** (See note 1)

The information in this return should be made up to a date not later than

Day	Month	Year
1   2	1   1	9   7

**Date of next return** (See note 2)

If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

Day	Month	Year

Day	Month	Year

**Registered Office** (See note 3)

This is the address registered by Companies House.

TRAM INN  
ALLENSMORE  
HEREFORDSHIRE  
HR2 9AN

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**Principal business activities** (See note 4)

Trade classification is  
5170 OTHER WHOLESALE

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If the code cannot be determined from the notes, give a brief description of principal activity.

NW 215 - 010640  
**363s**

# Annual Return

of company number 02202142

H

company name  
ALLENSMORE NURSERIES LIMITED

company type  
PRIVATE COMPANY LIMITED BY SHARES

02202142

**Register of members** (See note 5)

The register is kept at

REGISTERED OFFICE

**Register of debenture holders** (See note 6)

Any register of debenture holders (or duplicate) is kept at

**Company Secretary** (See note 7)

Particulars of a new secretary **must** be notified on form 288.

RUTH LOVEDAY  
TAYLOR  
SUNNYDALE  
TRAM INN  
ALLENSMORE  
HEREFORDSHIRE HR2 9AN

Day Month Year

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Date of any change.

If this person has ceased to be secretary, please state when.

Day Month Year

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Date of resignation.

**Directors** (See note 7)

Particulars of a new director **must** be notified on form 288.

NIGEL HAYWARD WARING  
MUNDY  
3 JOHNS CROFT  
HEREFORD  
HEREFORDSHIRE HR1 1TE

Day Month Year

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Date of any change.

Date of Birth:- 24/05/56

Nat:BRITISH

Occ:COMPANY DIRECTOR

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

If the information shown needs amendment,  
give details below and the date of any change.

**Directors - continued**

Particulars.

BRIAN JOHN  
TAYLOR  
SUNNYDALE  
TRAM INN  
ALLENSMORE  
HEREFORDSHIRE HR2 9AN

Day	Month	Year

Date of any change.

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Date of Birth:- 12/09/40

Nat:BRITISH

Occ:COMPANY DIRECTOR

If this person has ceased to be director, please  
state when.

Day	Month	Year

Date of resignation.

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Show any relevant current and previous directorships.

Particulars.

RUTH LOVEDAY  
TAYLOR  
SUNNYDALE  
TRAM INN  
ALLENSMORE  
HEREFORDSHIRE HR2 9AN

Day	Month	Year

Date of any change.

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Date of Birth:- 23/09/42

Nat:BRITISH

Occ:COMPANY DIRECTOR

If this person has ceased to be director, please  
state when.

Day	Month	Year

Date of resignation.

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Show any relevant current and previous directorships.

Particulars.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

Day	Month	Year

Date of any change.

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If this person has ceased to be director, please  
state when.

Day	Month	Year

Date of resignation.

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Show any relevant current and previous directorships.

**Issued Share Capital** (See note 8)

Enter details of all shares in issue at the date of this return.

Class (eg Ordinary/ Preference etc)	Number of shares issued	Aggregate nominal value (ie Number of shares issued multiplied by nominal value per share)
Ordinary	50,000	£ 50,000
<b>Totals</b>	<b>50,000</b>	<b>£ 50,000</b>

**List of past and present members**

(See note 9)

(Use attached schedule where appropriate)

Please mark the appropriate box.

A full list is required.

on paper      not on paper

A full list of members is enclosed

**Elective resolutions** (See note 10)

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, *mark this box.*

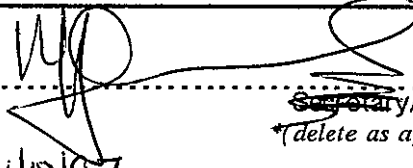
☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, *mark this box.*

☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Secretary/Director\*  
(delete as appropriate)

Date 31/10/97

I enclose the fee of **£15.**

Cheques should be made payable  
to **Companies House.**

This return includes ① continuation sheets.  
(enter number)

**Please ensure that you have completed  
all sections on this page.**

To whom should Companies House direct any  
enquiries about the information shown in this  
return?----->

NIGEL HAYWARD WARING MUNDY  
ALLENSMORE NURSERIES LIMITED  
TRAM INN ALLENSMORE  
HEREFORDSHIRE Postcode HQ2 9AN

Telephone 01981 570 221 Ext

## LIST OF PAST AND PRESENT MEMBERS

**SCHEDULE TO FORM 363**[illegible]

**Continued overleaf**

### **LIST OF PAST AND PRESENT MEMBERS** (continued)

**SCHEDULE TO FORM 363**[illegible]