

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **211236** (5)
1. Corporation Name
WARD'S NURSERY, INC.



Principal Place of Business
**2082 WARD'S OFFICE LANE
P. O. BOX 850
AVON PARK FL 33825**

Mailing Address
**2082 WARD'S OFFICE LANE
P. O. BOX 850
AVON PARK FL 33825**

3. Date Incorporated or Qualified **04/11/1958** 3a. Date of Last Report **03/21/1995**

4. FEI Number **59-0830724** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**COLLINS, CHARLES R
1295 E. LAKE LOTELA DR
AVON PARK FL 33825**

10. Name and Address of New Registered Agent
81 Name **Thomas E. Barber**
82 Street Address (P.O. Box Number is Not Acceptable) **439 E. Shockley Rd**
83
84 City **Avon Park** FL 85 Zip Code **33825**

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Chapter 607.0503, Florida Statutes.

SIGNATURE *Thomas E. Barber*
Signature typed or printed name of registered agent and true and applicable

(NOTE: Registered Agent signature required when retiring.)

DATE **4/18/96**

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARD, MARY ELLEN	
STREET ADDRESS	2027 LAKE LOTELA DR	
CITY - ST - ZIP	AVON PARK FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BARBER, DEBORAH	
STREET ADDRESS	439 E. SHOCKLEY RD	
CITY - ST - ZIP	AVON PARK FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, CHARLES R	
STREET ADDRESS	1295 E LAKE LOTELA DR	
CITY - ST - ZIP	AVON PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, THOMAS E	
STREET ADDRESS	439 E. SHOCKLEY RD	
CITY - ST - ZIP	AVEON PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARD, MARCIA L.	
STREET ADDRESS	1812 ST. RD. 17 SOUTH	
CITY - ST - ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, RODNEY	
STREET ADDRESS	1812 ST. RD. 17 SOUTH	
CITY - ST - ZIP	AVON PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas E. Barber* Thomas E. Barber/President 4/18/96 941/453-6631
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)