


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>2082 WARD'S OFFICE LANE                  P. O. BOX 850                  AVON PARK FL 33825</b>	Mailing Address <b>2082 WARD'S OFFICE LANE                  P. O. BOX 850                  AVON PARK FL 33826-0850</b>
--	---

3. Date Incorporated or Qualified <b>04/11/1958</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-0830724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THOMAS E. BARBER  
 439 E. SHOCKLEY RD  
 AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **FL** 85. Zip Code

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, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	BARBER, THOMAS E	
STREET ADDRESS	439 E. SHOCKLEY RD	
CITY - ST - ZIP	AVON 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/11/97  
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)