

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/11/1958

4. FEI Number
59-0830724

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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 607.0502 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 **3/19/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MARY ELLEN	1.2 NAME	
STREET ADDRESS	2027 LAKE LOTELA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, DEBORAH	2.2 NAME	
STREET ADDRESS	439 E. SHOCKLEY RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	D/P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, THOMAS E	3.2 NAME	
STREET ADDRESS	439 E. SHOCKLEY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MARCIA L.	4.2 NAME	
STREET ADDRESS	1812 ST. RD. 17 SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RODNEY	5.2 NAME	
STREET ADDRESS	1812 ST. RD. 17 SOUTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	AVON PARK FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 3/19/98 941/453-6631**

CP2E084 (10/97)