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

PROFIT CORPORATION ANNITAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1 9 98			Secretary of State DIVISION OF CORPORATIONS					Secretary of State							
DOCUMENT # 211236 (5) WARD'S NURSERY, INC.								******		1111						
Principal Place	a Al Rusinas			Mailing Addre	<u></u>				-							
Principal Place of Business 2082 WARD.S OFFICE LANE				2082 WARD.S OFFICE LANE												
P. O. BOX 850				P. O. BOX 850 AVON PARK FL 33825							Г	O NOT V	WRITE IN	THIS SP	ACE	
AVON PARK FL 33825				AVON PARK PL 33023					ŀ	3. Date I	ncorporate					
										04/1	1/1958					
2. Principal Place of Business				2a. Mailing Address						4. FEI N	ımber				L A	oplied For
21				26 Suite Ant # etc					\longrightarrow	59-	0830724					ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certifi	cate of Stat	us Desire	od [Additional equired
City & State				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip							Country				orporation of		as paid	the curre		
25				29 30							nal Property] No
			of Current Re	gistered Agen	l		81	Name		10. Name	and Addr	ss of Ne	w Regis	tered Ag	ent	
-	DMAS E. B.	•				1	•]	mame								
439 E. SHOCKLEY RD AVON PARK FL 33825						[82	Street	Address	(P.O. Bo	k Number is	Not Acc	eptable)			
AVC	JN PARK P	L 33825				ŀ	63									
						1										
							84	City						FL	85 Zip	Code
agent. 1 ar	to the provisi egistered ag m familiar wil	ons of Sections on the section of th	ns 607.0502 an in the State of F of the obligation	d 607.1508, Flo lorida. Such chi s of, Section 60	rida Statute ange was a 7.0505, Flo	es, the ab authorized orida Statu	ove I by ites.	-named the corp	corpora coration	ation subm 's board o	its this stat f directors.	ement for I hereby	the purp accept ti	oose of cone appoin		s registered registered
SIGNATURE	Signature, typed	or printed name o	registered agent and	I title if applicable	(NOTI	E Registered	Ager	l signature	required v	reinstatin	9)			DATÉ		
12.		OFF	ICERS AND DI		DE) ETE	13.				ADDITI	ONS/CHAN	GES TO	OFFICER			
TITLE	TD	MOV CHE	ı ı	130	DELETE	1.1 111								L.	Change	☐ Addition
NAME	WARD, MARY ELLEN 2027 LAKE LOTELA DR					1.2 NA		1000000								
CITY-ST-ZIP	LANGE BABIA PI					1.3 ST		ADDRESS								i
TITLE	DS	1111 I E			DELETE	2.1 TIT		- 2.11	-						Change	Addition
NAME		DEBORAH				2.2 NAJ	WE		1						_	
STREET ADDRESS	439 E. S	HOCKLEY I	RD			2.3 STF	REETA	ADDRESS								
CITY-ST-ZIP	AVON P	ARK FL				2. 4 CI	Y-\$1	r-ZIP								
TITLE	DP		_	Ц	DEL e te	3.1 TiT			D/P	/C				bo	Change	Addition
NAME		THOMAS I				3.2 NAI										
STREET ADDRESS		HOCKLEY I	HU .					DDRESS								1
CITY-ST-ZIP TITLE	AVEON F	AUV LF		————	DELETE	3.4. CIT		- ZIP	D/T					F3	Change	Addition
NAME		MARCIA L.				4. 2 NA			D, 1					_		
STREET ADDRESS		RD. 17 SO	UTH			4.3 STR	EET A	DDRESS								}
CITY - ST - ZIP	AVON PA					4.4 CIT	Y-S1	-ZIP	L							
TITLE	D				DELETE	5.1 111	E		D/V					×	Change	Addition
NAME		ON, RODNE				5.2 NAM										
STREET ADDRESS		RD. 17 SO	U(H			1		DORESS								
CITY-ST-ZIP TITLE	AVON PA	HK FL			DELETE	5.4 CIT		- ZIP		<u>. –</u> .					Change	Addition
NAME					ALLETE	6.1 TITL 6.2 NAM		ļ						L.	1 Auguste	L. AMIROI
STREET ADDRESS								DDRESS								
CITY-ST-ZIP						6.4 CIT		, ,								}
CHY-ST-ZIP						6.4 CIT	r-ST	- 219								

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 changes or on attachment with an address.

SIGNATURE:

Thomas E. Barber/President 3/19/98

941/453-6631

FILED

Mar 25 1998 8:00am