

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 JUL 18 AM 9: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # 238177 (0)**  
1. Corporation Name  
**O. F. NELSON & SONS NURSERY, INC.**

Principal Place of Business: **2300 SOUTH SHEELER RD. APOPKA FL 32703**  
Mailing Address: **2300 SOUTH SHEELER RD. APOPKA FL 32703-1549**

3. Date Incorporated or Qualified: **07/02/1960**      3a. Date of Last Report: **06/19/1996**

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

4. FEI Number: **59-0921771**      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

9. Name and Address of Current Registered Agent  
**NELSON, MARK  
2300 S. SHEELER RD.  
APOPKA FL 32703**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>NELSON, ELIZABETH</b>	
STREET ADDRESS	<b>1220 KELSO BLVD</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE	<b>COO</b>	<input type="checkbox"/>
NAME	<b>NELSON, MARK</b>	
STREET ADDRESS	<b>2300 S. SHEELER RD.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>NELSON, B., P.</b>	
STREET ADDRESS	<b>2300 S. SHEELER RD.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	<b>300002250353--3</b>		
3.4 CITY-ST-ZIP	<b>-07/29/97--01048--001</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	<b>300002250353--3</b>		
4.4 CITY-ST-ZIP	<b>-07/29/97--01048--002</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: \_\_\_\_\_

CR2E034 (9/96)