


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 252610 (1) 1. Corporation Name FLORIDA CACTUS, INC.					
Principal Place of Business 2542 PETERSON RD. PO BOX 2900 APOPKA FL 32704			Mailing Address 2542 PETERSON RD. PO BOX 2900 APOPKA FL 32704		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 10/28/1961	
21		26		4. FEI Number 59-0940950	Applied For Not Applicable
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip
25	Country	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOVESTRAND, GORDON G SOUTH PETERSON ROAD PLYMOUTH FL 32768				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	LOVESTRAND, GORDON G				
STREET ADDRESS	2542 PETERSON ROAD				
CITY - ST - ZIP	PLYMOUTH FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	VELDHUIS, STEPHEN				
STREET ADDRESS	2542 PETERSON ROAD				
CITY - ST - ZIP	PLYMOUTH FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	GLASS, KAREN, L.				
STREET ADDRESS	2542 PETERSON RD.				
CITY - ST - ZIP	PLYMOUTH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	VELDHUIS, MARY, C				
STREET ADDRESS	2542 PETERSON RD.				
CITY - ST - ZIP	PLYMOUTH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LOVESTRAND, JUDITH, V				
STREET ADDRESS	2542 PETERSON RD.				
CITY - ST - ZIP	PLYMOUTH 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					



DO NOT WRITE IN THIS SPACE

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: Gordon G Lovstrand 1/19/98 407-886-1837

CR2E034 (10/97)