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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 452136 (5)

1. Corporation Name

BERNECKER'S NURSERY, INC.



Principal Place of Business

16900 S.W. 216TH STREET
GOULDS FL 33170

Mailing Address

16900 S.W. 216TH STREET
GOULDS FL 33170

3. Date Incorporated or Qualified
07/03/1974

3a. Date of Last Report
04/11/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNECKER, ROBERT G.
16900 SW 216TH STREET
GOULDS FL 33170

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME SMITH, RICHARD E
STREET ADDRESS 16900 S.W. 216TH ST
CITY- ST- ZIP GOULDS, FL 0

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE D
NAME BERNECKER, DONALD L
STREET ADDRESS 16900 S.W. 216TH ST
CITY- ST- ZIP GOULDS, FL 0

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VD
NAME GRAHAM, EMIL J, JR
STREET ADDRESS 16900 S.W. 216TH ST
CITY- ST- ZIP GOULDS, FL 0

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE PD
NAME BERNECKER, ROBERT G.
STREET ADDRESS 16900 S.W. 216TH ST.
CITY- ST- ZIP GOULDS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE S
NAME GIVENS, THOMAS W.
STREET ADDRESS 16900 S.W. 216TH ST.
CITY- ST- ZIP GOULDS FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

(305)247-8527

CR2E034 (12/95)