

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 # 510438 (5)
 1. Corporation Name
SPRINGHOUSE NURSERY AND LANDSCAPING COMPANY, INC

Principal Place of Business 200 N.W. AVENUE L P.O. BOX 1686 BELLE GLADE FL 33430	Mailing Address 200 N.W. AVENUE L P.O. BOX 1686 BELLE GLADE FL 33430
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt #, etc. City & State Zip	26 2a. Mailing Address Suite, Apt #, etc. City & State Zip	22 23
25 Country	28 Country	24 29 30

3. Date Incorporated or Qualified
08/12/1976

4. FEI Number
59-1683875

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
**SHIVER, MICHAEL W.
 200 N.W. AVENUE L
 BELLE GLADE FL 33430**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, MICHAEL W.	1.2 NAME	
STREET ADDRESS	864 FLEMING DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GADE FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, QUINON C.	2.2 NAME	
STREET ADDRESS	301 ROYAL PALM DR., S	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, QUINON C.	3.2 NAME	
STREET ADDRESS	301 ROYAL PALM DR., S	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, DONALD A.	4.2 NAME	
STREET ADDRESS	301 ROYAL PALM DR S	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: 

Donald A. Shiver **3-20-98** 561-996-5895

CR2E034 (10/97)