

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **611836** (8)

95 MAY -1 AM 8:50

1. Corporation Name:
SHAMROCK GREENHOUSES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

STAR ROUTE A
P O BOX 148
SATSUMA FL 32189-0148

STAR ROUTE A
P O BOX 148
SATSUMA FL 32189-0148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1979**
3a. Date of Last Report: **05/18/1994**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

4. FFI Number: **59-1985486**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$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

10. Name and Address of New Registered Agent

**HORTON, CURTIS F.
FIRST STREET
SATSUMA FL 32089**

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 607.0402 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **PD HORTON, CURTIS F.**
2. STREET ADDRESS: **10 THOMPSON RD.**
3. CITY, ST, ZIP: **EAST PALATKA FL**

1.1 NAME: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

1. NAME: **VD KING, LEIGH ANN**
2. STREET ADDRESS: **P.O. BOX 88 N/A**
3. CITY, ST, ZIP: **SATSUMA FL**

2.1 NAME: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

1. NAME: **SD HORTON, MILDRED G**
2. STREET ADDRESS: **10 THOMPSON RD.**
3. CITY, ST, ZIP: **E. PALATKA FL**

3.1 NAME: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

1. NAME: **VD POOLE, BRENDA**
2. STREET ADDRESS: **RT. 1 BOX 78**
3. CITY, ST, ZIP: **SAN MAETO FL**

4.1 NAME: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

5.1 NAME: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

6.1 NAME: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is completely true and correct and that the information stated as set forth in this filing is true and correct. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force as and to the same effect as if it were the signature of the officer or director of the corporation. I am familiar with and accept the obligations of Chapter 147, Florida Statutes, and that my name appears in Block 1 of Block 13 of this report or on an attached sheet with appropriate filing fee.

SIGNATURE: *Curtis F. Horton* Curtis F. Horton, Pres.
PRINTED AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

(904) 649-9615