

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 166601 (5)
 1. Corporation Name
SOUTHERN STATES NURSERIES INC



Principal Place of Business HWY 121 MACCLENNY FL 32063	Mailing Address HWY 121 MACCLENNY FL 32063
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3. Date Incorporated or Qualified 10/01/1951	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0458275	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent FRASER, GARY K. HWY 121 SOUTH RTE. 1 BOX 525 MACCLENNY FL 32063		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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FRASER, GARY K HWY 121 SOUTH MACCLENNY FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, GARY K	1.2 NAME	
STREET ADDRESS	HWY 121 SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	1.4 CITY - ST - ZIP	
TITLE	VP FRASER, RYAN T. HWY 121 SOUTH MACCLENNY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, RYAN T.	2.2 NAME	
STREET ADDRESS	HWY 121 SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	2.4 CITY - ST - ZIP	
TITLE	ST FRASER, MYRA J HWY 121 SOUTH MACCLENNY FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, MYRA J	3.2 NAME	
STREET ADDRESS	HWY 121 SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 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: **Gary K. Fraser** *[Signature]* **3/15/97** Date **B.C. 904 259-2231** Daytime Phone #

CR2E034 (9/96)