

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

FILED

**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 147557 (3)
1. Corporation Name
MAY NURSERY, INC.



Principal Place of Business: **ROUTE 5 BOX M HAVANA FL 32333**
Mailing Address: **ROUTE 5 BOX M HAVANA FL 32333-8501**

3. Date Incorporated or Qualified: **06/24/1946**
3a. Date of Last Report: **02/27/1996**
4. FEI Number: **59-0626890**
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MAY, DONALD F JR.
ROUTE 2 BOX 156C
QUINCY FL 32351**

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 reissuing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PO: TD	<input type="checkbox"/> DELETE
NAME	MAY, FRED C	
STREET ADDRESS	681 FOREST LAIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAY, FOUNTAIN H. SR.	
STREET ADDRESS	219 N JACKSON ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAY, JOHN B	
STREET ADDRESS	RT 2 BOX 203	
CITY-ST-ZIP	QUINCY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAY, DONALD F. JR.	
STREET ADDRESS	RT 2 BOX 156C	
CITY-ST-ZIP	QUINCY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAY, FOUNTAIN H. JR.	
STREET ADDRESS	RT 2 BOX 189C	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	May, Fred B.	
1.3 STREET ADDRESS	681 Forest Lair	
1.4 CITY-ST-ZIP	Tallahassee, FL	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	May, John B.	
3.3 STREET ADDRESS	Rt. 2, Box 203	
3.4 CITY-ST-ZIP	Quincy, FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	May, Donald F. Jr.	
4.3 STREET ADDRESS	Rt. 2, Box 156C	
4.4 CITY-ST-ZIP	Quincy, FL	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	May, Fountain H. Jr.	
5.3 STREET ADDRESS	Rt. 2, Box 189C	
5.4 CITY-ST-ZIP	Quincy, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Donald F. May* **REQUIRED** 1/31/97 (904) 539-6495
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)