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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	1	DIVISION OF					
	MENT # 2920	22	(1)					
Corporation SOUT	'HERN GROVES NURSERI	IES INC						
0001	TIETH CHOTES HOUSE	120 1110			1 10 0 110 1100 11010 11010 110110 110110	DIE ORD BEEN BU		
incipal Place o		· ·	g Address					
PO BOX 97			AKE TRASK ROAD O BOX 970					
DUNDEE FL	. 33838	D	UNDEE FL 33838		2 Date la constant a Date de	Ta- 5	71 5	
					3. Date Incorporated or Qualified 04/16/1965	3a. Date o	3/10/1	995
Principal Plac	ce of Business	2a. Ma	ailing Address		4. FEI Number 59-1092910			Applied For Not Applicable
Suite, Apt. #	, etc.	Si	ite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional
City & State		27 Cit	ly & State		6. Election Campaign Financing			Required May Be
		28			Trust Fund Contribution		-	d to Fees
Zip	Country	Zip)	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax	under s	199.032,
	25 9. Name and Address of Curre	29 Int Registere	ed Agent	[40]	10. Name and Address of New R		gent	
		······································	<u> </u>	81 Name			·	· · · · · · · · · ·
race, joe b Lake trask road			82 Street Add		ress (P.O. Box Number is Not Acceptab	i l e)		
DUNDE				83				.
				84 City		 	85 Zq	Code
33838						FL	4-4	0000
33838	o the provisions of Sections 607.050 of agent, or both, in the State of Flor n, and accept the obligations of, Sec	02 and 607.15 rida. Such ch ction 607.050	508, Florida Statute ange was authorize 15, Florida Statutes		ration submits this statement for the pur ird of directors. I hereby accept the appo		ging its r gistered	egistered offici agent. I am
Pursuant to or registere familiar with	Signature, typied or printed name of registered agor	nt and title if applic	cable (NO	as, the above-named corpor ed by the corporation's boar	ad when reinstating)	rpose of chan- ointment as re	- ·	
33838 Pursuant to or registere familiar with SNATURE S	Synature, typed or printed name of registered ago OFFICERS AN	nt and title if applic	cable (NO	es, the above named corpor ed by the corporation's boar		rpose of chan- cintment as re DATE ICERS AND D	- ·	
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SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date