

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

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 325532 (0)**  
 1. Corporation Name  
**WEST ORANGE NURSERY, INC.**



Principal Place of Business <b>P.O. BOX 356 WEST RD OCOE FL 34761</b>	Mailing Address <b>P.O. BOX 356 WEST RD OCOE FL 34761-0356</b>
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3. Date Incorporated or Qualified <b>01/24/1968</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-1202638</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PICKENS, CURTIS E**  
**P.O. BOX 356 WEST RD**  
**OCOE FL 32761**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>PICKENS, KATHRYN M.</b>	
STREET ADDRESS <b>WEST RD</b>	
CITY - ST - ZIP <b>OCOE, FL 0</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>PICKENS, PATRICIA E</b>	
STREET ADDRESS <b>WEST RD</b>	
CITY - ST - ZIP <b>OCOE, FL 0</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>PICKENS, STEVE E</b>	
STREET ADDRESS <b>WEST RD</b>	
CITY - ST - ZIP <b>OCOE, FL 0</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>PICKENS, CURTIS E</b>	
STREET ADDRESS <b>WEST RD</b>	
CITY - ST - ZIP <b>OCOE, FL 0</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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:

*Kathryn M. Pickens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHRYN PICKENS**  
**4-28-97 407-877-2936**

Date Daytime Phone #

043002

CR2E034 (9/96)