

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **325532** (0)
1. Corporation Name
WEST ORANGE NURSERY, INC.



Principal Place of Business P.O. BOX 356 WEST RD OCOOE FL 34761	Mailing Address P.O. BOX 356 WEST RD OCOOE FL 34761
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3202 W. Orange C.C. Drive Suite, Apt. #, etc.		2a. Mailing Address 26 3202 W.O.C.C. Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/24/1968	
22 City & State 23 Winter Garden, Fla.		27 City & State 28 Winter Garden Fla		4. FEI Number 59-1202638 Applied For Not Applicable	
24 34787 25 Orange		29 34787 30 Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent PICKENS, CURTIS E P.O. BOX 356 WEST RD OCOOE FL 32761		10. Name and Address of New Registered Agent			
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.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

81 Name Curtis E. Pickens	
82 Street Address (P.O. Box Number is Not Acceptable) 3202 West Orange Country Club Drive	
83	
84 City Winter Garden	85 Zip Code FL 34787

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 Curtis E. Pickens Shirley E. DeBauw 1-26-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent: signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKENS, KATHRYN M. WEST RD OCOOE, FL 0 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICKENS, PATRICIA E WEST RD OCOOE, FL 0 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST-Treasurer Pickens, Patricia E 3202 W.O.C.C. Drive Winter Garden, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKENS, STEVE E WEST RD OCOOE, FL 0 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKENS, CURTIS E WEST RD OCOOE, FL 0 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD Pickens, Curtis E. 3202 W.O.C.C. Drive Winter Garden, FL. 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 Curtis E. Pickens Shirley E. DeBauw 1-26-98

CR2E034 (10/97)