

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

FILED  
May 11 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 # 340851 (5)  
1. Corporation Name  
ARCHIE HAMLIN NURSERY, INC.

Principal Place of Business 420 7TH AVENUE N.E. P.O. BOX 277 RUSKIN FL 33570	Mailing Address 420 7TH AVENUE N.E. P.O. BOX 277 RUSKIN FL 33570
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 01/29/1969 4. FEI Number 59-1280226 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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	
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9. Name and Address of Current Registered Agent FAGOT, CAROL 420 7TH AVE N E RUSKIN FL 33570				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PTD
NAME	FAGOT, ARCHIE D	1.2 NAME	CAROL FAGOT
STREET ADDRESS	420 7TH AVE NE	1.3 STREET ADDRESS	4047-30TH ST., SE
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	SD	2.1 TITLE	
NAME	FAGOT, CAROL	2.2 NAME	
STREET ADDRESS	4040 30TH ST SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VPS
NAME	GRAMLING, CHRIS	3.2 NAME	Chris Gramling
STREET ADDRESS	420 7TH AVE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	BUZBEE, WILLIAM	4.2 NAME	Brent Bolling
STREET ADDRESS	1714 MERIDIAN ST	4.3 STREET ADDRESS	4822 JUSTIN LN
CITY-ST-ZIP	RUSKIN FL	4.4 CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*[Handwritten Signature]*

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CP2E034 (10/97)