

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **379894** (9)
1. Corporation Name
MOESLY NURSERIES, INC.



Principal Place of Business Mailing Address
5212 SUNSET TR LAKE WORTH FL 33463-5238 US

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **04/05/1971** 3a. Date of Last Report **07/11/1995**
4. FEI Number **59-1346345** 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

9. Name and Address of Current Registered Agent

**MOESLY, ANGELA
5212 SUNSET TR
LAKE WORTH FL 33463**

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 607.0509 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 607.0509, Florida Statutes.

SIGNATURE: *Angela M. Moesly*

12. OFFICERS AND DIRECTORS

111 TITLE	SD	<input type="checkbox"/> DELETE
112 NAME	MOESLY, ANGELA M.	
113 STREET ADDRESS	5212 SUNSET TR	
114 CITY, ST., ZIP	LAKE WORTH FL	
115 TITLE	PD	<input type="checkbox"/> DELETE
116 NAME	MOESLY, JIMMIED	
117 STREET ADDRESS	5212 SUNSET TR	
118 CITY, ST., ZIP	LAKE WORTH FL	
119 TITLE	VP	<input type="checkbox"/> DELETE
120 NAME	MOESLY, RUSSELL A.	
121 STREET ADDRESS	5212 SUNSET TR	
122 CITY, ST., ZIP	LAKE WORTH FL	
123 TITLE	VP	<input type="checkbox"/> DELETE
124 NAME	MOESLY, DANIEL A	
125 STREET ADDRESS	5212 SUNSET TR	
126 CITY, ST., ZIP	LAKE WORTH FL	
127 TITLE		<input type="checkbox"/> DELETE
128 NAME		
129 STREET ADDRESS		
130 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
132 NAME		
133 STREET ADDRESS		
134 CITY, ST., ZIP		
135 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
136 NAME		
137 STREET ADDRESS		
138 CITY, ST., ZIP		
139 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
140 NAME		
141 STREET ADDRESS		
142 CITY, ST., ZIP		
143 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
144 NAME		
145 STREET ADDRESS		
146 CITY, ST., ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Angela M. Moesly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Angela M. Moesly

2/12/96 401-965-2675
Date Registered Agent Signature (Date and State)

CR2E034 (12/95)