

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

FILED

**Jan 29 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 # 379894 (9)

1. Corporation Name
MOESLY NURSERIES, INC.



Principal Place of Business 5212 SUNSET TR LAKE WORTH FL 33463-5238 US	Mailing Address 5212 SUNSET TR LAKE WORTH FL 33463-5238 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>16113 E. Alan Black Rd</i>	2a. Mailing Address 26 <i>16113 E. Alan Black Rd</i>	3. Date Incorporated or Qualified 04/05/1971	4. FEI Number 59-1346345	Applied For <input checked="" type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23 <i>Lolahaatchee, Fl.</i>	28 <i>Lolahaatchee, Fl.</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 <i>33470</i>	25 <i>U.S.</i>	29 <i>33470</i>	30 <i>U.S.</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 State	86 Zip Code
	<i>16113 E. Alan Black Rd.</i>		<i>Lolahaatchee</i>	FL	<i>33470</i>

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]* DATE: *1/21/98*

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOESLY, ANGELA M.	
STREET ADDRESS	5212 SUNSET TR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOESLY, JIMMIE D	
STREET ADDRESS	5212 SUNSET TR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOESLY, RUSSELL A.	
STREET ADDRESS	5212 SUNSET TR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOESLY, DANIEL A	
STREET ADDRESS	5212 SUNSET TR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>16113 E. Alan Black Rd</i>
1.4 CITY-ST-ZIP	<i>Lolahaatchee, Fl. 33470</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>16113 E. Alan Black Rd.</i>
2.4 CITY-ST-ZIP	<i>Lolahaatchee, Fl 33470</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<i>16113 E. Alan Black Rd</i>
3.4 CITY-ST-ZIP	<i>Lolahaatchee, Fl 33470</i>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<i>10550 5th Ave Rd.</i>
4.4 CITY-ST-ZIP	<i>Pellennet, Fl. 33470</i>
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 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: *[Signature]* **SIGNATURE REQUIRED** *1/21/98 561-798-0045*

CR2E034 (10/97)