FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **413682** **(6)**

1. Corporate Name

HALL'S NURSERIES, INC.

Principal Place of Business

5645 BLANDING BLVD.
JACKSONVILLE FL 32244

Mailing Address

5645 BLANDING BLVD.
JACKSONVILLE FL 32244

3. Date Incorporated or Qualified: **11/30/1972**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-1438085** [ ] 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 filed for intangible tax under s. 199.032, Florida Statutes [ ] Yes [✓] No

2. Mailing Address

21 Street Address

22 Suite

23 City

24 County

2a. Mailing Address

26 Street Address

27 Suite

28 City & State

29 Zip

30 County

9. Name and Address of Current Registered Agent

HALL, JOSEPH D.
2140 TREASURE PT RD
GREEN COVE SPRINGS FL 32043

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 Section 607.0505, 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. The corporation's Board of Directors hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of that position as provided in Section 607.0505, Florida Statutes.

12 OFFICERS AND DIRECTORS

PD [ ] DELETE
HALL, J.D.
2140 TREASURE PT RD
GREEN COVE SPGS FL

VD [ ] DELETE
HALL, G.E.
2190 ARON DRIVE
GREEN COVE SPRINGS FL

VD [ ] DELETE
HALL, RUSSELL L.
899 BLANDING BLVD.
ORANGE PARK FL

V [ ] DELETE
GOODBREAD,ROBERT
2130 TREASURE POINT ROAD
GREEN COVE SPRINGS FL

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 Title [ ] Change [ ] Add
1 Name
1 Street Address
1 City, St, Zip

2 Title [ ] Change [ ] Add
2 Name
2 Street Address
2 City, St, Zip

3 Title [ ] Change [ ] Add
3 Name
3 Street Address
3 City, St, Zip

4 Title [ ] Change [ ] Add
4 Name
4 Street Address
4 City, St, Zip

5 Title [ ] Change [ ] Add
5 Name
5 Street Address
5 City, St, Zip

6 Title [ ] Change [ ] Add
6 Name
6 Street Address
6 City, St, Zip

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered officers and directors listed.

SIGNATURE: Joseph D. Hall Pres. 1/24/96 904 777-1490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR