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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90006 035 ***150.00

DOCL	NACNIT # 44TOO4			<u></u>			
1. Corporatio	MENT # 417931	•	•				
•	OLKS NURSERY, INC				1		
WLLIO	ZEKO NONOEMI, MO	•			t ibbiin diade tibit theid ibida tibit dibi dibi	i Aran Aran Aran	
			•				
Principal Plac	ce of Business	Mailing Address				i Brail Brail Brail	I BEBER BEBER EBBE
610 N.W. 9TH AVENUE 610 N.W. 9TH AVENUE			liF				•
GAINESVILLE FL 32601 GAINESVILLE FL 32601			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	IS SPACE	
	•		•		01/31/1973		ì
2. Principal P	Place of Business	2a. Mailing Addres	\$		4. FEI Number	A	applied For
21	· · · · · · · · · · · · · · · · · · ·	_ 26		<u>.</u>	- 59-1479388		lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, et	tc.		5. Certificate of Status Desired		Additional
22		27					Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	28) Zip	Count		This corporation owes the current year I		1 to Fees
24	25	29	30	•	Personal Property Tax.	Yes	XNo .
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
4,11	INITED ANIMA AAAT		8	11 Name	•		,
	iner, anna mae N.W. 9th avenue		8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	NESVILLE FL 32601			3			<u> </u>
QAII	NEOTICE TE SEGOT	,	J°	3			
	• • .	4	8	4 City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida	Statutes, the abo	ve-named co	orporation submits this statement for the purpose		s registered
office or r	registered agent, or both, in the State	of Florida Cuah ahanna					
agent La	am familiar with, and accept the obliga	ations of Section 607.050	was authorized b 5. Florida Statute	y the corpora	ation's board of directors. I hereby accept the app	ointment as r	egistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.050	was authorized b 05, Florida Statute	y the corpora es.	ation's board of directors. I hereby accept the app	ointment as r	egistered
agent. I a	am familiar with, and accept the obligation of t	ations of, Section 607.050	05, Florida Statute	es.	ulred when reinstating) DATE		egistered
agent. I a SIGNATURE 12.	am familiar with, and accept the obligation of registered age OFFICERS A	ations of, Section 607.050 ent and title if applicable. ND DIRECTORS	05, Florida Statute (NOTE: Registered A)	ent signature req		AND DIRECT	ORS IN 12
agent. I a SIGNATURE 12.	Signature typed or printed name of registered age OFFICERS AN	ations of, Section 607.050	(NOTE: Registered As 13.	es. gent signature requ	ulred when reinstating) DATE		ORS IN 12
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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, with all other like empowered.

SIGNATURE:

SIGNATUS REQUIRED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (352) 372-4525 Daytime Phone #

CR2F034 /11/9