


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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 422087 (7)

1. Corporation Name
DEMINICO NURSERIES, INC.



Principal Place of Business 10225 NW 32ND PLACE GAINESVILLE FL 32606-4303	Mailing Address 10225 NW 32ND PLACE GAINESVILLE FL 32606-4303
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1973	
2. Principal Place of Business 21 Rt 15 Box 3088 Ridge Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Rt 15 Box 3088 Ridge Rd Suite, Apt. #, etc.
22 Lake City, FL City & State	27 Lake City, FL City & State
23 Zip Country 32024-8907	28 Zip Country 32024-8907
4. FEI Number 59-1456316	
Applied For Not Applicable	
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEMINICO, PASQUALE A. 10225 NW 32ND PLACE GAINESVILLE FL 32608		10. Name and Address of New Registered Agent	
81 Name	DeMinico, Pasquale A.		
82 Street Address (P.O. Box Number is Not Acceptable)	Rt 15 Box 3088, Ridge Rd.		
83	Lake City, FL 32024-8907		
84 City	Lake City,	FL	85 Zip Code 32024

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMINICO, PASQUALE A.	1.2 NAME	DeMinico, Pasquale A.
STREET ADDRESS	10225 NW 32ND PLACE	1.3 STREET ADDRESS	Rt 15 Box 3088 Ridge Rd.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Lake City, FL 32024-8907
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMINICO, CATHERINE F.	2.2 NAME	DeMinico, Catherine F.
STREET ADDRESS	10225 NW 32ND PLACE	2.3 STREET ADDRESS	Rt 15 Box 3088 Ridge Rd.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Lake City, FL 32024-8907
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ DATE **2/28/98 (004) 755 8866**

C 2E034 (1097)