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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 467045

(1)

1. Corporation Name
THREE OAKS NURSERY, INC.

Principal Place of Business
4410 ROUND LAKE ROAD
P.O. BOX 325
ZELLWOOD FLORIDA 32798

Mailing Address
4410 ROUND LAKE ROAD
P.O. BOX 325
ZELLWOOD FLORIDA 32798-0325



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1974		3a. Date of Last Report 03/14/1996	
21		26		4. FEI Number 59-1668771		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

MARTIN, MARY LEE
4933 ROUN LAKE RD
P O BOX 325
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent

81 Name ANITA L. RUDD
82 Street Address (P.O. Box Number is Not Acceptable)
4422 ROUND LAKE RD
83
84 City APOPKA FL 85 Zip Code 32712

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 *Anita L. Rudd* ANITA L. RUDD PRESIDENT March 30, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARY LEE	12 NAME	
STREET ADDRESS	4933 ROUND LAKE RD	13 STREET ADDRESS	
CITY - ST - ZIP	ZELLWOOD FL	14 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, ANITA M	2.2 NAME	RUDD, ANITA L.
STREET ADDRESS	4422 ROUND LAKE ROAD	2.3 STREET ADDRESS	4422 ROUND LAKE RD
CITY - ST - ZIP	ZELLWOOD FL	2.4 CITY - ST - ZIP	APOPKA, FL 32712
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, JENNIFER L.	3.2 NAME	PRATT JENNIFER L.
STREET ADDRESS	P.O. BOX 325	3.3 STREET ADDRESS	P.O. BOX 325 NA
CITY - ST - ZIP	ZELLWOOD FL	3.4 CITY - ST - ZIP	ZELLWOOD, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RUDD, JEFFERY L.
STREET ADDRESS		4.3 STREET ADDRESS	4422 ROUND LAKE RD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	APOPKA, FL 32712
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 do 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: *Anita L. Rudd* ANITA L. RUDD, PRESIDENT 3-30-97 407-886-2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)