

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED

FILED

REGISTRATION
AND FILING OFFICE

1995 5.1.95



B to 4912

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THE STATE OF FLORIDA

DOCUMENT # 467267

(1)

QUEEN PALM NURSERIES, INC.

5275 N. WASHINGTON BLVD.
SARASOTA FL 34234

5275 N. WASHINGTON BLVD
SARASOTA FL 34234

12/31/1975 04/26/1994

2. Filing Fee		2a. Mailing Address		3. Date of Incorporation		3a. Date of Last Report	
21. Filing Fee		26. Mailing Address		4. FID Number		Applied For	
22. Filing Fee		27. Mailing Address		59-1565574		Not Applicable	
23. Filing Fee		28. Mailing Address		5. Certificate of Status Desired		8.75 Additional Fee Required	
24. Filing Fee		29. Mailing Address		6. Election Campaign Finance and Trust Fund Contribution		5.00 May Be Added to Fees	
25. Filing Fee		30. Mailing Address		7. This corporation is subject to Florida Statutes		X Yes [] No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, JOHN
5275 N WASHINGTON BLVD.
SARASOTA FL 34234

81. Name	
82. Street Address (P.O. Box Location is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, the president or secretary of the corporation, hereby certify that the above named corporation is duly organized under the laws of the State of Florida and that the corporation is in good standing and that the corporation is in compliance with the provisions of Chapter 190, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 190, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR
NAME: D RICE, JOHN 5275 N WASHINGTON BLVD SARASOTA FL	1. NAME
NAME: STD RICE, ANNE 5275 N WASHINGTON BLVD SARASOTA FL	2. NAME
NAME: P RICE, JOHN LJR 5275 N WASHINGTON BLVD SARASOTA FL	3. NAME
	4. NAME
	5. NAME
	6. NAME
	7. NAME
	8. NAME
	9. NAME
	10. NAME
	11. NAME
	12. NAME
	13. NAME
	14. NAME
	15. NAME
	16. NAME
	17. NAME
	18. NAME
	19. NAME
	20. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2)(b), Florida Statutes. I further certify that the information is true and correct and that the corporation is in compliance with the provisions of Chapter 190, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 190, Florida Statutes.

SIGNATURE: Anne E. Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4/27/95 (813) 355-4004