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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

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Apr 25 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 520568  REVETTE NURSERIES, INC.  Principal Place of Business 500 DEKLE RD (LAKE WALES,FL 33853) PO BOX A WAVERLY FL 33877		Mailing Address 500 DEKLE RD (LAKE WAL PO BOX A WAVERLY FL 33877-0316	500 DEKLE RD (LAKE WALES.FL 33853) PO BOX A				
				<ol> <li>Date Incorporated or Qualified 12/17/1976</li> </ol>	3a. Date of 04/25/1	Last Report	
Principal P	lace of Business	2a. Mailing Address		4. FEI Number	07/20/1	Applied For	
]		26		59-1707543		Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional	
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City & \$tat	е	City & State		Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
<u></u>	Country	<b>28</b>	Country	8. This corporation has liability for		······	
1	25		30		Yes No		
1	9. Name and Address of Cur			10. Name and Address of New R	legistered Agen	t	
500	ette, frankie r Dekle RD E Wales, fl 53		82 Street Add 83 84 City	ress (P.O. Box Number is Not Accepte	FL 85	Zip Code	
1. Pursuant office or i agont 1 s	to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob	0502 and 607.1508, Florida Statute ate of Florida. Such change was a Sligations of, Section 607.0505, Flo	es, the above-named con authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of char ept the appointing	nging its registere nent as registered	
agont re SIGNATURE	Signature typice or printed name of registered		E: Registered Agent signature requ		DATE	· · · · · · · · · · · · · · · · · · ·	
ignature.		agent and little if applicable (NOTE			DATE ICERS AND DIF	ECTORS IN 12	
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