

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 521460 (6)
 1. Corporation Name
LUKAS NURSERY & GARDEN SHOP, INC.



Principal Place of Business 1909 SLAVIA ROAD OVEIDO FL 32765	Mailing Address 1909 SLAVIA ROAD OVEIDO FL 32765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30		3. Date Incorporated or Qualified 12/30/1976	4. FEI Number 59-1707563	Applied For <input type="checkbox"/> 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent LUKAS, PHILIP N. 1929 SLAVIA ROAD OVEIDO FL 32765				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LUKAS, PAUL M. STREET ADDRESS 4137 PLYMOUTH-SORRENTO ROAD CITY-ST-ZIP APOPKA FL	<input type="checkbox"/> DELETE	1.1 TITLE VID 1.2 NAME LUKAS, Paul M. 1.3 STREET ADDRESS 4137 Plymouth-Sorrento Rd 1.4 CITY-ST-ZIP Apopka, FL 32712-5412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LUKAS, GERTRUDE STREET ADDRESS 2411 CHURCH STREET CITY-ST-ZIP OVEIDO FL	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME LUKAS, Gertrude G. 2.3 STREET ADDRESS 2411 Church St. 2.4 CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME LUKAS, PHILIP N. STREET ADDRESS 1929 SLAVIA ROAD CITY-ST-ZIP OVEIDO FL	<input type="checkbox"/> DELETE	3.1 TITLE P/T/D 3.2 NAME LUKAS, Philip N. 3.3 STREET ADDRESS 1929 Slavia Rd 3.4 CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LUKAS, JONATHAN S. STREET ADDRESS 2340 PINE STREET CITY-ST-ZIP OVEIDO FL	<input type="checkbox"/> DELETE	4.1 TITLE S/D 4.2 NAME LUKAS, Jonathan S. 4.3 STREET ADDRESS 2340 Pine St. 4.4 CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ **4-17-98 4:17 PM**

CR2E034 (10/97)