

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

FILED
Feb 23 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 # 559690 (3)
 1. Corporation Name
S.O. NURSERY, INC.



Principal Place of Business 13076 S. MILITARY TR. PO BOX 3577 DELRAY BEACH FL 33484 US	Mailing Address P.O. BOX 3577 BOYNTON BCH FL 33424 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/14/1978 4. FEI Number 59-1798458 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
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9. Name and Address of Current Registered Agent BECKY B. MOORE, CPA 440 P6A BLVD STE 400 PALM BEACH GARDENS FL 33410	10. Name and Address of New Registered Agent 81 Name RUBY R. BENNETT 82 Street Address (P.O. Box Number is Not Acceptable) 13076 S. Military Trail 83 84 City Delray Beach, FL 85 Zip Code 33484
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11. Pursuant to the provisions of Sections 607.0402 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 *Ruby R. Bennett* (NOTE: Registered Agent signature required when reinstating) DATE **2/11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RUBY R	1.2 NAME	
STREET ADDRESS	85 CURLEW RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BENJAMIN R	2.2 NAME	
STREET ADDRESS	85 CURLEW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANAPLAN FL 33462	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEALS, FRAN	3.2 NAME	
STREET ADDRESS	13076 S MILITARY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MARY E	4.2 NAME	
STREET ADDRESS	85 CURLEW RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, SARAH J.	5.2 NAME	
STREET ADDRESS	85 CURLEW RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	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.

CP2E034 (10/97)