

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **567894** (1)

1. Corporation Name
REDLAND NURSERY, INC.



Principal Place of Business: **18455 S.W. 264 STREET HOMESTEAD FL 33031**
 Mailing Address: **18455 S.W. 264 STREET HOMESTEAD FL 33031**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/06/1978	03/08/1995
4. FEI Number	Applied For
59-1806749	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 has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEMOTT, JOHN C. 18455 S.W. 264 STREET HOMESTEAD FL				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 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOTT, JOHN C.	2. NAME	
STREET ADDRESS	18455 S.W. 264 ST.	3. STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD FL	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOTT, JOE CAROLYN	2. NAME	
STREET ADDRESS	18455 S.W. 264 ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD FL	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMOTT, RAYMOND	3. NAME	
STREET ADDRESS	18455 S.W. 264 ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD FL	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joe Carolyn Demott Raymond Demott 3-15-96 305-248-5109
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E034 (12/95)