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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 607967 (7)
 1. Corporation Name
NATIONAL PLANT SHIPPERS, INC.



Principal Place of Business
**5482 JETPORT IND.BLVD.
 P.O.BOX 25275
 TAMPA FL 33634**

Mailing Address
**5482 JETPORT IND.BLVD.
 P.O.BOX 25275
 TAMPA FL 33634-5222**

3. Date Incorporated or Qualified **01/25/1979** 3a. Date of Last Report **03/06/1996**

4. FEI Number **59-1962333** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **8313 W. Nillsborough Ave** 26 **P.O. Box 25275**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **150** 27
 City & State City & State

23 **Tampa, FL** 28 **Tampa, FL**
 Zip Country Zip Country

24 **33615** 25 29 **33634-5222** 30 **USA**

9. Name and Address of Current Registered Agent
**CONTE, PHILIP R
 5482 JETPORT IND.BLVD.
 TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
8313 W. Nillsborough Ave #150
 83
 84 City **Tampa** FL 85 Zip Code **33615**

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Philip R. Conte** *Philip R. Conte* **3-15-97**
 Signature, Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
PST
 NAME **CONTE, PHILIP R**
 STREET ADDRESS **5482 JETPORT IND. BLVD.**
 CITY - ST - ZIP **TAMPA FL**

TITLE DELETE
D
 NAME **CONTE, PHILIP R.**
 STREET ADDRESS **5482 JETPORT IND. BLVD.**
 CITY - ST - ZIP **TAMPA FL**

TITLE DELETE
 NAME
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TITLE DELETE
 NAME
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 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **8313 W. Nillsborough Ave Suite 150**
 1.4 CITY - ST - ZIP **Tampa, FL 33615**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **8313 W. Nillsborough Ave Suite 150**
 2.4 CITY - ST - ZIP **Tampa, FL 33615**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(l), 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: *Philip R. Conte* **REQUIRED** 813-885-6644
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)