

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

FILED  
Mar 24 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 # 654485 (2)  
1. Corporation Name  
TRAIL RIDGE NURSERY, INC.

Principal Place of Business 6768 TIMBERLANE DR KEYSTONE HTS FL 32656-9989 US	Mailing Address P O BOX 967 KEYSTONE HTS FL 32656-0967 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6768 Timberlane Dr Suite, Apt. #, etc. 22 City & State 23 Keystone Hts, FL Zip 24 32656 25 Clay		2a. Mailing Address 26 P.O. Box 967 Suite, Apt. #, etc. 27 City & State 28 Keystone Hts, FL Zip 29 32656 30 Clay		3. Date Incorporated or Qualified 02/01/1980	
		4. FEI Number 59-2012049		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input checked="" 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent NEWELL, PAUL D., ESQ. 12 LAWRENCE BLVD., P.O. BOX 854 THE NEWELL BLDG. KEYSTONE HEIGHTS FL 32656		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	BYRNES, ROBERT L.	12 NAME	
STREET ADDRESS	6813 IMMOKALEE RD	13 STREET ADDRESS	
CITY - ST - ZIP	KEYSTONE HTS FL	14 CITY - ST - ZIP	
TITLE	VST	21 TITLE	
NAME	BYRNES, LINDA J.	22 NAME	
STREET ADDRESS	6813 IMMOKALEE RD	23 STREET ADDRESS	
CITY - ST - ZIP	KEYSTONE HTS FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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.

SIGNATURE: Robert L. Byrnes 3/16/98

CR2E034 (10/97)