

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 660768 (3)
1. Corporation Name
NELSON'S LANDSCAPE AND NURSERY, INC.

Principal Place of Business
617 WEST EDGEWOOD DRIVE
MELBOURNE FL 32901

Mailing Address
617 WEST EDGEWOOD DRIVE
MELBOURNE FL 32901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1994851	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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

BOYD, JOEL E
1221 E NEW HAVEN AVE
MELBOURNE, FL
32901

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

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

TITLE	P	XX DELETE
NAME	NELSON, KIRK W.	
STREET ADDRESS	617 W. EDGEWOOD DR	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	VST	XX DELETE
NAME	NELSON, GARY M.	
STREET ADDRESS	617 W. EDGEWOOD DR	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President and Director	XX Change <input type="checkbox"/> Addition
1.2 NAME	Gary M. Nelson	
1.3 STREET ADDRESS	617 W. Edgewood Drive, Melbourne, FL	
1.4 CITY-ST-ZIP	32901	XX Change <input type="checkbox"/> Addition
2.1 TITLE	Sec/Treasurer/Director	
2.2 NAME	Carl R. Nelson	
2.3 STREET ADDRESS	617 W. Edgewood Drive, Melbourne, FL	
2.4 CITY-ST-ZIP	32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	Director	
3.2 NAME	Joanne K. Nelson	
3.3 STREET ADDRESS	617 W. Edgewood Drive, Melbourne, FL	
3.4 CITY-ST-ZIP	32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 from an attachment with an address.

SIGNATURE

Gary M. Nelson

407-723-5404

CR2E034 (10/97)