

**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 # **674524** (4)

1. Corporation Name  
**SPRINGDALE NURSERY, INC.**



Principal Place of Business: **11700 SW 121ST. AVE. DUNNELLON FL 32630**  
Mailing Address: **11425 E. BLUE COVE DR. DUNNELLON FL 34432**

3. Date Incorporated or Qualified: **06/23/1980** 3a. Date of Last Report: **09/19/1995**  
4. FEI Number: **59-2007704** 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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: Sute, Apt. #, etc.; City & State; Zip; Country  
26, 27, 28, 29, 30: Sute, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent: **HILGER, ROBERT C. 11425 E. BLUE COVE DR. DUNELLON FL 34432**  
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 **FL**

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: *Robert C. Hilger* Y.P. *Robert C. Hilger* 1/22/96  
(Specify title or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required on reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b> <input type="checkbox"/> DELETE	NAME: <b>HILGER, ROBERT R.</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>11425 E. BLUE COVE DR.</b>	CITY-ST-ZIP: <b>DUNNELLON FL 34432</b>	1.2 NAME:	
TITLE: <b>VP</b> <input type="checkbox"/> DELETE	NAME: <b>HILGER, ROBERT C.</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>11740 CAMP DR.</b>	CITY-ST-ZIP: <b>DUNELLON FL 34432</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>ST</b> <input type="checkbox"/> DELETE	NAME: <b>HILGER, JACQUELINE E.</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>11425 E. BLUE COVE DR.</b>	CITY-ST-ZIP: <b>DUNNELLON FL 34432</b>	2.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-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: *Robert R. Hilger* **Robert R. Hilger PRES.** 1/22/96 904-489-0550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)