


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 14 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719046 (5)**  
 1. Corporation Name  
**FLORIDA FERN GROWERS ASSOCIATION, INC.**



Principal Place of Business <b>111 E. HAGSTROM ROAD P. O. BOX 767 PIERSON FL 32180</b>	Mailing Address <b>111 E. HAGSTROM ROAD P. O. BOX 767 PIERSON FL 32180-0767</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>02/26/1970</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CLAYTON, JAMES R.  
114 W. RICH AVENUE  
DELAND FL 32720**

**10. Name and Address of New Registered Agent**

**81** Name **Paul Harlan**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**431 E. New York Ave**  
**83**  
**84** City **Deland** **85** Zip Code **FL 32724**

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/28/97**

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE TOMMY	
STREET ADDRESS	3809 MARSH RD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, STACY	
STREET ADDRESS	570 E WASHINGTON AVENUE	
CITY-ST-ZIP	PIERSON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRADDOCK, LORI E.	
STREET ADDRESS	1285 N. HIGHWAY 17	
CITY-ST-ZIP	SEVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UNDERHILL, VANN	
STREET ADDRESS	185 W HIGHWAY 40	
CITY-ST-ZIP	BARBERVILLE FL	
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**

11 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Martin Jones	
13 STREET ADDRESS	1055 Shaw Lake Rd.	
14 CITY-ST-ZIP	Piercion, FL 32180	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robert Greenlund	
43 STREET ADDRESS	445 Roberts Rd.	
44 CITY-ST-ZIP	Piercion, FL 32180	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**14.** I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **4/28/97**

CR2E037 (9/96)