

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

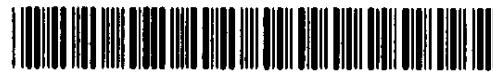
6-25-96 B-7095-C

DOCUMENT # F34363

1. Corporation Name

(4)

H & R PLANTS, INC.



Principal Place of Business Mailing Address
P.O. BOX 579 P.O. BOX 460
PLYMOUTH FL 32768 PLYMOUTH FL 32768
US

2. Principal Place of Business
21 21901 U.S. Hwy. 441 2a. Mailing Address
Suite, Apt. #, etc
22 26
27
City & State
23 Mt. Dora, FL.
Zip 28
Country 29
24 32757 25 Lake 30

3. Date Incorporated or Qualified 05/11/1981	3a. Date of Last Report 02/06/1995
4. FEI Number 59-2123217	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No	

9. Name and Address of Current Registered Agent
WELKER, R.P., SR.
2005 EAGLES REST RD
APOPKA FL 32704

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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's signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELKER, RICHARD P	
STREET ADDRESS	PLYMOUTH-SORRENTO ROAD	
CITY-ST-ZIP	APOPKA, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELKER, HENRY W	
STREET ADDRESS	PLYMOUTH-SORRENTO ROAD	
CITY-ST-ZIP	APOPKA, FL 0	
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.1 TITLE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2.2 NAME	
1.3 STREET ADDRESS	2.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
3.1 TITLE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4.2 NAME	
3.3 STREET ADDRESS	4.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
5.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	6.2 NAME	
5.3 STREET ADDRESS	6.3 STREET ADDRESS	
5.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *R.P. Welker*

V. Pres.

6-18-96 (352) 735-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-96

Dec 18, 1996

CR2E04 (3/96)