

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

FILED

May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G17762 (7)
 1. Corporation Name
LAKE MARION NURSERY, INC.

Principal Place of Business 1310 SCHOPKE ROAD P. O. BOX 1085 PLYMOUTH FL 32768-8085	Mailing Address 1310 SCHOPKE ROAD P. O. BOX 1085 PLYMOUTH FL 32768-1085
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1983	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2241162	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent PERRETT, JEFFREY C 2638 VILLA WAY EUSTIS FL 32728				10. Name and Address of New Registered Agent	

81 Name PERRETT, JEFFREY C.	82 Street Address (P.O. Box Number is Not Acceptable) 26403 FISHERMAN RD.
83	
84 City PAISLEY	85 Zip Code FL 32767

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	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRETT, JEFFREY C.		1.2 NAME PERRETT, JEFFREY C.	
STREET ADDRESS 2638 VILLA WAY		1.3 STREET ADDRESS 26403 FISHERMAN RD.	
CITY-ST-ZIP EUSTIS FL		1.4 CITY-ST-ZIP PAISLEY FL 32767	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERRETT, NORMA JEAN		2.2 NAME PERRETT, NORMA JEAN	
STREET ADDRESS 2638 VILLA WAY		2.3 STREET ADDRESS 26403 FISHERMAN RD.	
CITY-ST-ZIP EUSTIS FL		2.4 CITY-ST-ZIP PAISLEY, FL 32767	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-97
 Date

407 887294
 Daytime Phone

CR2E034 (9/96)