

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G19286** (5)

1. Corporation Name  
**ROPER'S NURSERY, INC.**



Principal Place of Business: **9720 87TH PL SOUTH BOYNTON BEACH FL 33437 US**  
Mailing Address: **% STANLEY R. ROPER -10668 TAMIS TRAIL, LAKE WORTH FL 33467**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/19/1983</b>  | 3a. Date of Last Report<br><b>04/25/1995</b>           |
| 4. FEI Number<br><b>59-2251475</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |  |
|--------------------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 <b>14837 Horseshoe Trace</b> |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27                              |
| City & State<br>23                   | City & State<br>28 <b>WOB FL</b>                       |
| Zip<br>24                            | Zip<br>29 <b>33414</b>                                 |
| Country<br>25                        | Country<br>30 <b>USA</b>                               |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>ROPER, STANLEY R.<br/>10668 TAMIS TRAIL<br/>LAKE WORTH FL 33467</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>ROPER, STANLEY R.</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>14837 Horseshoe Trace</b><br>83<br>84 City <b>WOB</b> FL 85 Zip Code <b>33414</b> |
|---|---|

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                      | VSD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROPER, CHERILYN</b>              | 1.2 NAME  | <b>14837 Horseshoe Trace</b>   |
| STREET ADDRESS             | <b>10668 TAMIS TRAIL</b>            | 1.3 STREET ADDRESS                                    | <b>WOB FL 33414</b>  |
| CITY-ST-ZIP                | <b>LAKE WORTH, FL 00000</b>         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PTD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROPER, STANLEY</b>               | 2.2 NAME  | <b>14837 Horseshoe Trace</b>   |
| STREET ADDRESS             | <b>10668 TAMIS TRAIL</b>            | 2.3 STREET ADDRESS                                    | <b>WOB FL 33414</b>  |
| CITY-ST-ZIP                | <b>LAKE WORTH FL</b>                | 2.4 CITY-ST-ZIP                                       |  |
| 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 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: *Cherilyn Roper* 4-30-96 407-734-8322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)