

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H00536** (3)

1. Corporation Name
COLLINS NURSERY INC.



Principal Place of Business
**BOX 5006 PLESS ROAD
PLANT CITY FL 33565-9998**

Mailing Address
**BOX 5006 PLESS ROAD
PLANT CITY FL 33565-9998**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Subj. Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/24/1984

3a. Date of Last Report
04/20/1995

4. FEI Number
59-2399568

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

10. Name and Address of New Registered Agent

**COLLINS, GENE T.
BOX 5006 PLESS ROAD
PLANT CITY FL 33565**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1308, 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 (last, first, middle initial) of the person signing this report

Signature (last, first, middle initial) of the person signing this report

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------------|----------------------------|---------------------------------|
| 12.1 TITLE | DP | <input type="checkbox"/> DELETE |
| 12.2 NAME | COLLINS, GENE T. | |
| 12.3 STREET ADDRESS | BOX 5006 PLESS ROAD | |
| 12.4 CITY, ST, ZIP | PLANT CITY FL | |
| 12.5 TITLE | | <input type="checkbox"/> DELETE |
| 12.6 NAME | | |
| 12.7 STREET ADDRESS | | |
| 12.8 CITY, ST, ZIP | | |
| 12.9 TITLE | | <input type="checkbox"/> DELETE |
| 12.10 NAME | | |
| 12.11 STREET ADDRESS | | |
| 12.12 CITY, ST, ZIP | | |
| 12.13 TITLE | | <input type="checkbox"/> DELETE |
| 12.14 NAME | | |
| 12.15 STREET ADDRESS | | |
| 12.16 CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|---|
| 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME | |
| 13.3 STREET ADDRESS | |
| 13.4 CITY, ST, ZIP | |
| 13.5 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME | |
| 13.7 STREET ADDRESS | |
| 13.8 CITY, ST, ZIP | |
| 13.9 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME | |
| 13.11 STREET ADDRESS | |
| 13.12 CITY, ST, ZIP | |
| 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME | |
| 13.15 STREET ADDRESS | |
| 13.16 CITY, ST, ZIP | |

14. I 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. 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: *Gene T. Collins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gene T. Collins

1/15/96