

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H26370 (7)  
1. Corporation Name  
DAHLGREN'S NURSERY, INC.



Principal Place of Business Mailing Address  
7746 S. MILITARY TRAIL 7241 LAWRENCE RD  
LAKE WORTH FL 33463 LAKE WORTH FL 33463  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7241 LAWRENCE RD	26		10/19/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2469518	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 LAKE WORTH FL		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country			
24 33462		25 Palm Beach			
		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NEAL, SHERRY 480 S COUNTRY CLUB DR ATLANTIS FL 33462		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 \_\_\_\_\_ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLGREN, SALLY	1.2 NAME	
STREET ADDRESS	258 WALTON HEATH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLGREN, JEAN	2.2 NAME	
STREET ADDRESS	181 F ATLANTIS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLGREN, SALLY	3.2 NAME	
STREET ADDRESS	258 WALTON HEATH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, SHERRY	4.2 NAME	
STREET ADDRESS	480 SOUTH COUNTRY CLUB DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLGREN, MICHAEL C	5.2 NAME	
STREET ADDRESS	250 JFK DRIVE #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLGREN, CLARK	6.2 NAME	
STREET ADDRESS	181F ATLANTIS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	6.4 CITY-ST-ZIP	

14. I 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: *Sherry Neal* 3/25/98 901-965-9797

CR2E034 (10/97)