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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara G. Witham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H35573 (5)
1. Corporation Name
LEGG'S NURSERY, INC.

Principal Place of Business: HOUSTON LARRY D. 11200 S.E. 53RD COURT BELLEVUE FL 32620 US
Mailing Address: POST OFFICE BOX 186 11200 S.E. 53RD COURT SUMMERFIELD FL 34491 US

3. Date Incorporated or Qualified: 01/02/1985
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business
21 Margaret N. Legg
22 4685 SE 145TH ST
23 Summerfield FL
24 34491
25 U.S.
26 PO Box 186
27 4685 SE 145TH ST
28 Summerfield FL
29 34491
30 U.S.

4. FEI Number: 59-2488093
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

9. Name and Address of Current Registered Agent
HOUSTON, TERESA
11200 S.E. 53RD COURT
BELLEVUE FL 32620

10. Name and Address of Now Registered Agent
81 Name: G. Richard Chamberlain
82 Street Address: 6044 SE Agnew Rd
83
84 City: Belleview FL
85 Zip Code: 34420

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 for 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: G. Richard Chamberlain
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)
DATE: 1/30/95

12. OFFICERS AND DIRECTORS

TITLE	AD-DIRECTOR
NAME	LEGG, JOHN W.
STREET ADDRESS	4685 SE 145TH ST
CITY- ST- ZIP	SUMMERFIELD FL
TITLE	STD, PRESIDENT
NAME	LEGG, MARGARET N.
STREET ADDRESS	4685 SE 145TH ST
CITY- ST- ZIP	SUMMERFIELD FL
TITLE	VP
NAME	BOLTON, RICHARD D.
STREET ADDRESS	4685 S.E. 145TH ST.
CITY- ST- ZIP	SUMMERFIELD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LEGG, JOHN W.	
13 STREET ADDRESS	4685 SE 145TH ST	
14 CITY- ST- ZIP	SUMMERFIELD FL 34491	
21 TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LEGG, MARGARET N., SEC. TRES.	
23 STREET ADDRESS	4685 SE 145TH ST	
24 CITY- ST- ZIP	SUMMERFIELD, FL 34491	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

2/9/95 T.S.

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(4)(g), 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: Margaret N. Legg Pres. 1-30-95 245-2246
Signature, typed or printed name of registered officer or director