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	PROFIT PORATION			TMENT OF STATE	Feb 18 1	997 8:0)0am
ANNUAL REPORT			Secretary of State		Secretary of State		
			DIVISION OF CORPORATIONS				
1. Corporation	MENT # H	43449	(8)				
DAVIS G	REENHOUSES, I	NC.					
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Principal Place	e of Business		ng Address		A ADOLOGIA DELLA DEDOLE MADEL MADEL MADEL AND ADOL	ALALI ALALE DIALE ALALI (ALALI)	4:411 1891
P.O.BOX 317 CLARCONA FL	32710	P.O.B	OX 317 CONA FL 32710-0317				
		0.541			3. Date Incorporated or Qualified	3a. Date of Last R	eport
2. Principal Pl	ace of Business	28. N	lailing Address	·····	02/19/1985 4. FEI Number	04/11/1996	plied For
21 Suite, Apt	#. etc.	26	uite, Apt. #, etc.		59-2495434	¢0 76	t Applicable
22		27		··	5. Certificate of Status Desired	Fee Re	oquired
City & State	3	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip 24	Count 25	ry Z 29	ʻip	Country 30	8. This corporation has liability for i Florida Statutes X	intangible tax under s. XYes 🔲 No	. 199.032,
24		ess of Current Register	red Agent		10. Name and Address of New Re		
	s, wendell. Iam road			61 Name			
	CONA FL 32710			82 Street Add	Iress (P.O. Box Number is Not Acceptab	ле) 	
				03			
				64 0:4.	······································	A	Cada
44 D			1500 Elevide Deve	84 City			Code
11. Pursuant office or r agent. La	to the provisions of Sec egistered agent, or bot m familiar with, and ac	ctions 607.0502 and 607 h, in the State of Florida cept the obligations of, S	.1508, Florida Statut Such change was Section 607.0505, Fl		poration submits this statement for the p ation's board of directors. I hereby accep		
SIGNATURE				es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	burpose of changing it to the appointment as	
SIGNATURE	Signature, typen or primed han	ctions 607.0502 and 607 h, in the State of Florida cept the obligations of, S no of registered agent and little 7 a DFFICERS AND DIRECT(applicable. (NOT ORS	es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature required 13.		DATE DATE DATE DATE	s registered registered
SIGNATURE	Signature typen or printed han (DP	ne of registered agent and litle if a	apolicable. (NOT	es, the above-hamed cor authorized by the corpora orida Statutes. E: Registered Agent signature requ	lifed when reinstating)	DATE	s registered registered
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