

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 # **H50837** (4)

1. Corporation Name
C. D. NURSERY, INC.



Principal Place of Business: % JACK HAMILTON, P.O. BOX 137, MONTICELLO FL 32344
Mailing Address: % JACK HAMILTON, P.O. BOX 137, MONTICELLO FL 32344

3. Date Incorporated or Qualified: **04/05/1985**
3a. Date of Last Report: **04/28/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAMILTON, DAVID L. RT 2 BOX 232-1 MONTICELLO FL 32344				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAMILTON, JACK		1.2 NAME				
STREET ADDRESS	U.S. 19 NORTH		1.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		1.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAMILTON, DAVID L.		2.2 NAME				
STREET ADDRESS	U.S. 19 NORTH		2.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAMILTON, MARCELINE		3.2 NAME				
STREET ADDRESS	U.S. 19 NORTH		3.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WAGNER, CYNTHIA H.		4.2 NAME				
STREET ADDRESS	U.S. 19 NORTH		4.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		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: *David L. Hamilton* DAVID L. HAMILTON 4-28-96 904 997-988

CR2E034 (12/95)