

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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: C.D. NURSEY %JACK HAMILTON, P.O. BOX 137, MONTICELLO FL 32345-0137, US

3. Date Incorporated or Qualified: 04/05/1985
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2784584
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Sute, Apt. #, etc.; 22. Cty & State; 23. Zip; 24. Country
2a. Mailing Address: 26. Sute, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country

8. Name and Address of Current Registered Agent
HAMILTON, DAVID L.
RT 4, BOX 40431
US 19 N
MONTICELLO FL 32344

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS
P HAMILTON, JACK U.S. 19 NORTH MONTICELLO FL
T HAMILTON, DAVID L. U.S. 19 NORTH MONTICELLO FL
V HAMILTON, MARCELINE U.S. 19 NORTH MONTICELLO FL
S WAGNER, CYNTHIA H. U.S. 19 NORTH MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

*Congratulations!
This ridiculous
Late fee will have
one of my employees
on Food stamps in
August instead of on
my payroll.*

14. I do 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: [Signature] DAVID HAMILTON 5-14-97 9049972888

CR2E034 (9/96)