

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra R. Mottram
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H53835

(5)

1. Corporation Name
TUCKER NURSERY, INC.

Principal Place of Business
 32130 STATE ROAD 437
 P.O. BOX 669
 SORRENTO FL 32776-0669

Mailing Address
 32130 STATE ROAD 437
 P.O. BOX 669
 SORRENTO FL 32776-0669

2. Principal Place of Business

2a. Mailing Address

21 | State, Apt. #, etc.
 22 | City & State
 23 | Zip | County
 24 |

26 | State, Apt. #, etc.
 27 | City & State
 28 | Zip | County
 29 | 30 |

9. Name and Address of Current Registered Agent

**TUCKER, PETER W.
 4907 DORA DR.
 MT. DORA FL 32757**

81 | Name
 82 | Street Address (P.O. Box Number is Not Acceptable)
 83 |
 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 register, in part 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 of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

11	PTD	[]	[]	[]	[]
NAME	TUCKER, PETER W.				
STREET ADDRESS	4907 DORA DR.				
CITY STATE	MT. DORA FL				
12	VSD	[]	[]	[]	[]
NAME	TUCKER, JOHN W. III				
STREET ADDRESS	400 E CENTRAL BLVD				
CITY STATE	ORLANDO FL				
13		[]	[]	[]	[]
NAME					
STREET ADDRESS					
CITY STATE					
14		[]	[]	[]	[]
NAME					
STREET ADDRESS					
CITY STATE					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	11 TITLE	[]	[]	[]	[]
12	12 NAME				
13	13 STREET ADDRESS				
14	14 CITY STATE				
15	15 TITLE	[]	[]	[]	[]
16	16 NAME				
17	17 STREET ADDRESS				
18	18 CITY STATE				
19	19 TITLE	[]	[]	[]	[]
20	20 NAME				
21	21 STREET ADDRESS				
22	22 CITY STATE				
23	23 TITLE	[]	[]	[]	[]
24	24 NAME				
25	25 STREET ADDRESS				
26	26 CITY STATE				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), Florida Statutes. I further certify that the information included on this annual report or supplementary 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: *Peter W. Tucker*

9/28/98 (352)3838229

FILED
 Oct 08 1998 8:00am
 Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 04/25/1985

4. FEI Number
 59-2528332

5. Certificate of Status Desired
 \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution
 \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year filable Personal Property Tax due June 30
 Yes No

10. Name and Address of New Registered Agent

CR2002 15 093