

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H68203** (9)
1. Corporation Name
SILVER OAK NURSERY, INC.



Principal Place of Business: 1600 TILTON ROAD, 1600 TILTON ROAD, PORT ST. LUCIE FL 34952 US
Mailing Address: 1600 TILTON ROAD, 1600 TILTON ROAD, PORT ST. LUCIE FL 34952 US

2. Principal Place of Business (21) Sub: Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Sub: Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/25/1985
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2558314 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PHILLIPS, WILSON L., 1600 TILTON ROAD, PORT ST LUCIE FL 33452
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PHILLIPS, WILSON L.	11 TITLE:	12 NAME:
STREET ADDRESS: 1600 TILTON RD	CITY-STATE-ZIP: PT ST LUCIE FL	13 STREET ADDRESS:	14 CITY-STATE-ZIP:
TITLE: ST	NAME: PHILLIPS, RUBY J.	21 TITLE:	22 NAME:
STREET ADDRESS: 1600 TILTON RD	CITY-STATE-ZIP: PT ST LUCIE FL	23 STREET ADDRESS:	24 CITY-STATE-ZIP:
TITLE:	NAME:	31 TITLE:	32 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	33 STREET ADDRESS:	34 CITY-STATE-ZIP:
TITLE:	NAME:	41 TITLE:	42 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	43 STREET ADDRESS:	44 CITY-STATE-ZIP:
TITLE:	NAME:	51 TITLE:	52 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	53 STREET ADDRESS:	54 CITY-STATE-ZIP:
TITLE:	NAME:	61 TITLE:	62 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	63 STREET ADDRESS:	64 CITY-STATE-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: *Wilson L. Phillips* DATE: Feb. 1, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TIME: 407-878-8145 DURING PREPARE

CR2E034 (12/95)