

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

FILED

Mar 21 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 # H86290 (4)

1. Corporation Name
D AND L BULB FARM, INC.



Principal Place of Business

Mailing Address

188 HARRISON RD.
C/O DAVID HARRISON
LAKE PLACID FL 33852

188 HARRISON RD.
C/O DAVID HARRISON
LAKE PLACID FL 33852-7209

3. Date Incorporated or Qualified
11/18/1985

3a. Date of Last Report
03/25/1996

21 2. Principal Place of Business
188 HARRISON RD.
State Apt. # etc.

26 2a. Mailing Address
188 HARRISON RD.
Suite, Apt. #, etc.

4. FEI Number
59-2504828

Applied For
Not Applicable

22 City & State
N/A

27 City & State
N/A

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Lake Placid FL
Zip

28 Lake Placid FL
Zip

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

24 33852

25 Highlands

29 33852

30 Highlands

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, DAVID LAMAR
158 HARRISON RD
LAKE PLACID FL 33852

81 Name David Lamar Harrison

82 Street Address P.O. Box Number is Not Acceptable
158 HARRISON RD.

83

84 City LAKE PLACID

FL

85 Zip Code 33852

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

David Lamar Harrison

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DAVID P	1.2 NAME	
STREET ADDRESS	158 HARRISON RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, LENA G	2.2 NAME	
STREET ADDRESS	158 HARRISON RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, D. LAMAR	3.2 NAME	
STREET ADDRESS	158 HARRISON RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JOYCE	4.2 NAME	
STREET ADDRESS	158 HARRISON RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID 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 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:

David Lamar Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Telephone/Fax #

CR2E034 (9/96)