

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 # **J50511 (1)**

1. Corporation Name
SHAMROCK PLANTS & SUPPLIES, INC.



Principal Place of Business: **FIRST STREET (SATSUMA, FL) P.O. DRAWER 1158 PALATKA FL 32178-1158**
Mailing Address: **FIRST STREET (SATSUMA, FL) P.O. DRAWER 1158 PALATKA FL 32178-1158**

3. Date Incorporated or Qualified: **12/29/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2764276**
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

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

9. Name and Address of Current Registered Agent
**HINSON, LARRY C.
STAR ROUTE 2, BOX 201 AA
CRESCENT CITY FL 32112**

10. Name and Address of New Registered Agent
81 Name: **KING, LEIGH ANN**
82 Street Address (P.O. Box Number is Not Acceptable): **FIRST STREET**
83 City: **SATSUMA** FL 85 Zip Code: **32189**

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: *Leigh Ann King* (Signature of Registered Agent) *Leigh Ann King* (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	POOLE, BRENDA H.	
STREET ADDRESS	RT. 4 BOX 785	
CITY-ST-ZIP	PALATKA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POOLE, GARY M.	
STREET ADDRESS	RT. 4 BOX 785	
CITY-ST-ZIP	PALATKA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, CURTIS F.	
STREET ADDRESS	BROWN'S ROAD	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORTON, MILDRED G.	
STREET ADDRESS	BROWN'S ROAD	
CITY-ST-ZIP	SAN MATEO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KING, LEIGH ANN	
1.3 STREET ADDRESS	FIRST STREET	
1.4 CITY-ST-ZIP	SATSUMA FL 32189	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Leigh Ann King* Leigh Ann King, Pres. DATE: **4/29/96** (904) 469-9615 Daytime Phone #

CR2E034 (12/95)