


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

FILED

Mar 12 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 # J51770 (2) 1. Corporation Name HORTICULTURAL INDUSTRIES, INC.			
Principal Place of Business % DONALD DAVOLI P.O. BOX 21297 SARASOTA FL 34276		Mailing Address % DONALD DAVOLI P.O. BOX 21297 SARASOTA FL 34276-4297	
2. Principal Place of Business 21 4824 Ashton Road Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 21297 Suite, Apt. #, etc.	
22 City & State 23 Sarasota Florida Zip Country 24 34233 25 USA		27 City & State 28 Sarasota Florida Zip Country 29 34276 30 USA	
9. Name and Address of Current Registered Agent DAVOLI, DONALD 3699 COUNTRY PLACE SARASOTA FL 34233		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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	DAVOLI, DONALD		
STREET ADDRESS	3699 COUNTRY PLACE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	DAVOLI, WILLIAM		
STREET ADDRESS	1715 SOUTH DRIVE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	DAVOLI, MARY ANN		
STREET ADDRESS	3699 COUNTRY PLACE		
CITY-ST-ZIP	SARASOTA 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Mary Ann Davoli		
1.3 STREET ADDRESS	3699 Country Place Blvd.		
1.4 CITY-ST-ZIP	Sarasota FL 34233		
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	William Davoli		
2.3 STREET ADDRESS	1715 South Drive		
2.4 CITY-ST-ZIP	Sarasota FL		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Donald Davoli		
3.3 STREET ADDRESS	3699 Country Place Blvd.		
3.4 CITY-ST-ZIP	Sarasota FL 34233		
4.1 TITLE		<input 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 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: <i>Mary Ann Davoli</i> Mary Ann Davoli 2/7/97 941-924-7744 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)