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Feb 13 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 # K13073 (7)
1. Corporation Name
LOOMIS NURSERY, INC.



Principal Place of Business
180 WRIGHT GROVE RD
431 N CAUSEWAY
OAK HILL FL 32759
US

Mailing Address
180 WRIGHT GROVE RD.
1298 N DIXIE FREEWAY
OAK HILL FL 32168-6006
US

3. Date Incorporated or Qualified
01/25/1988

3a. Date of Last Report
06/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 160 Wright Grove Rd	26 160 Wright Grove Rd	59-2871080	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 OAK Hill, Florida	28 OAK Hill, Florida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip		
24 32759	29 32759	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
Country	Country		
25 US	30 US		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTER C. LOOMIS
180 WRIGHT GROVE RD.
1298 N DIXIE FREEWAY
OAK HILL FL 32168

81 Name
Walter C. Loomis

82 Street Address (P.O. Box Number is Not Acceptable)
160 Wright Grove Rd

83

84 City
OAK Hill

85 Zip Code
FL 32759

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	LOOMIS, RICHARD	1.2 NAME	Loomis Walter
STREET ADDRESS	180 WRIGHT GROVE RD.	1.3 STREET ADDRESS	160 WRIGHT GROVE RD
CITY - ST - ZIP	OAK HILL FL	1.4 CITY - ST - ZIP	OAK HILL FL 32759
TITLE	S	2.1 TITLE	
NAME	LOOMIS, THERESA	2.2 NAME	
STREET ADDRESS	180 WRIGHT GROVE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OAK HILL FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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

Signature

2/10/97

CR2E034 (9/96)