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 # L60838 (4)

1. Corporation Name
COUNTRY OAKS NURSERY, INC.

Principal Place of Business
5367 ORTEGA BLVD
JACKSONVILLE FL 32210

Mailing Address
5367 ORTEGA BLVD
JACKSONVILLE FL 32210

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

3. Date Incorporated or Qualified: 03/29/1990
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-3032478 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BOYD, WILLIAM E
5367 ORTEGA BLVD.
4355 GALILEO AVE.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: William E. Boyd
82 Street Address (P.O. Box Number is Not Acceptable): 4366 Roma Blvd
83 5367 Ortega Blvd
84 City: Jacksonville FL 85 Zip Code 32210

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] 4-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PTD	[ ] DELETE
NAME	BOYD, WILLIAM E	
STREET ADDRESS	4355 GALILEO AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	[ ] DELETE
NAME	BOYD, CHARLES T III	
STREET ADDRESS	4414 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PTD	[X] Change [ ] Addition
1.2 NAME	William E. Boyd	
1.3 STREET ADDRESS	4366 Roma Blvd	
1.4 CITY-ST-ZIP	Jacksonville FL 32210	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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)(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] 4-1-96 904-389-6868
William E. Boyd, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)