


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # L85617 (3)</b> 1. Corporation Name <b>HICKORY HILL CITRUS NURSERY, INC.</b>		



Principal Place of Business <b>MICHAEL MACHATA 6449 CAMP MACK ROAD LAKE WALES FL 33853</b>	Mailing Address <b>PO OFFICE 209 6449 CAMP MACK ROAD LAKE WALES FL 33859-0209 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>620 S.R. 54A</b> Suite, Apt. #, etc. 22 <b>SUITE B</b> City & State 23 <b>DUNDEE FLORIDA</b> Zip 24 <b>33838</b>	2a. Mailing Address 26 <b>P.O. BOX 209</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKE WALES, FL</b> Zip 29 <b>33859</b>	Country 25 <b>U.S.</b> Country 30 <b>U.S.</b>
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3. Date Incorporated or Qualified <b>07/02/1990</b>	3a. Date of Last Report <b>07/22/1996</b>
4. FEI Number <b>59-3022946</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MACHATA, A MICHAEL 6449 CAMP MACK ROAD LAKE WALES FL 33853</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>MACHATA, A. MICHAEL</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1011 CODY VILLA LOOP RD.</b>	
83	
84 City <b>BABSON PARK</b>	85 Zip Code <b>FL 33827</b>

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  **A. MICHAEL MACHATA** DATE **7/15/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTS <input type="checkbox"/> DELETE
NAME	<b>MACHATA, A MICHAEL</b>
STREET ADDRESS	<b>6449 CAMP MACK ROAD</b>
CITY-ST-ZIP	<b>LAKE WALES FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MACHATA, MICHAEL A</b>
STREET ADDRESS	<b>6449 CAMP MACK ROAD</b>
CITY-ST-ZIP	<b>LAKE WALES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MACHATA, A. MICHAEL</b>
1.3 STREET ADDRESS	<b>1011 CODY VILLA LOOP RD.</b>
1.4 CITY-ST-ZIP	<b>BABSON PARK, FL 33827</b>
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MACHATA</b>
2.3 STREET ADDRESS	<b>1011 CODY VILLA LOOP RD.</b>
2.4 CITY-ST-ZIP	<b>BABSON PARK, FL 33827</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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  DATE **7/15/97**

CR2E034 (4/97)