

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 # P92000006588 (7)

1. Corporation Name

HORTICULTURAL PRODUCTS, INC.



Principal Place of Business

6203 US 41 NORTH
APOLLO BEACH FL 33542
US

Mailing Address

P.O. BOX 3172
APOLLO BEACH FL 33542
US

3. Date Incorporated or Qualified
11/19/1992

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3153378

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAMLING, HUGH M
507 W. REYNOLDS STREET
PLANT CITY FL 33567

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 607.0501, Florida Statutes.

SIGNATURE

Hugh M. Gramling

Sec/Treas

DATE

2/19/96

12. OFFICERS AND DIRECTORS

TITLE

STD

DELETE

NAME

GRAMLING, HUGH M

STREET ADDRESS

507 W. REYNOLDS STREET

CITY - ST - ZIP

PLANT CITY FL

TITLE

PD

DELETE

NAME

ELSBERRY, BRUCE P

STREET ADDRESS

P.O. BOX 3172/6203 US 41 N

CITY - ST - ZIP

APOLLO BEACH FL

TITLE

VP

DELETE

NAME

ELSBERRY, TERRY L

STREET ADDRESS

P.O. BOX 3172/6203 US 41 N

CITY - ST - ZIP

APOLLO BEACH FL

TITLE

D

DELETE

NAME

ELSBERRY, ROSS S

STREET ADDRESS

P.O. BOX 3172/6203 US 41 N

CITY - ST - ZIP

APOLLO BEACH FL

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

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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)(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:

Hugh M. Gramling Sec/Treas

DATE

2/19/96

813 645

CR2E034 (12/95)