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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 27 1997 8:00am

Secretary of State

T REGINER IND LEAKE REPAREMENT SENT SENT BETT GELFE HORE HOUR BLICK IDER LEAK IDER

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027597 (2)

S. T. NELSON NURSERY, INC.

Principal Place of Bus 673 KELLY PARK RD APOPKA FL 32712	iness						IJ MARIN KARIT ANDRI DILIM IZAH IRBI ICAL	
	Principal Place of Business Mailing Address					i taolioot sie iksee min sout kesit oktsi barin kalit loket biilio sour lobi baat		
			673 KELLY PARK RD APOPKA FL 32712-5202					
						3. Date Incorporated or Qualified 04/14/1993	3a. Date of Last Report 02/08/1996	
2. Principal Place of £	Business	2a. Mailing Add	dress			4. FEI Number	Applied For	
21		26			W	59-3178966	Not Applicable	
Suite, Apt. #, etc.		Suite. Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27					Fee Required	
City & State		City & State	3			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	T	Country	,	Trust Fund Contribution	Added to Fees	
24	25	29	-	30	•	This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes No	
	ame and Address of Curr			301		10. Name and Address of New Re		
NELSON,				81	Name			
673 KELLY				_				
APOPKA F		82 Street A		Street Add	ddress (P.O. Box Number is Not Acceptable)			
APOPINI P	L SET IE			83				
				ļ				
				84	City		FL 85 Zip Code	
11. Pursuant to the prooffice or registere agent. Lam famili	revisions of Sections 607.0 or agent, or both, in the Sta ar with land accept the ob-	0502 and 607,1508, Flo ale of Florida. Such chi digations of, Section 60	irida Statute ange was ai 07.0505, Flor	s, the abov uthorized b rida Statute	e-named cor y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	surpose of changing its registered	
SIGNATURE								
Signature	typed or primed name of registered		(NOTE	Registered Ag	ent signature requ	uired when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE DPS		LJ	DELETE	1.1 TITLE			Change Addition	
	SON, S T			1.2 NAME	1			
· · · · · · · · · · · · · · · · · · ·	KELLY PARK RD			1.3 STREE	ADDRESS			
	PKA FL 32712		DELETE	1.4 CiTY-	ST-ZIP			
TITLE		LJ	DECENTE	2.1 TITLE			Change Addition	
NAME				2.2 NAME				
STREET ADDRESS					T ADDRESS			
C'TY - ST - ZIP TITLE			DELETE	2 4 CITY- 3 1 TITLE	21-214	······································	Change Addition	
NAVE				3.2 NAME				
18714.0					T ADDRESS			
STREET ADDRESS					· Abbancas			
STREET ADDRESS CITY: ST: 74P				■ 3.4 CiTY-	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3 4. CiTY-	ST-ZIP	——————————————————————————————————————	Change Addition	
CITY - S1 - ZIP			DECETE				☐ Change ☐ Addition	
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CITY - S1 - ZIP TITLE NAME			DELETE	4 1 TITLE 4 2 NAME 4.3 STREE	T ADDRESS		Change Addition	
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