

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000048457 (3)**  
1. Corporation Name

**STEINHATCHEE NURSERY, INC.**



Principal Place of Business: **310 4TH STREET, N.W. STEINHATCHEE FL 32359**  
Mailing Address: **310 4TH STREET, N.W. STEINHATCHEE FL 32359**

3. Date Incorporated or Qualified: **06/24/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3303343**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt #, etc: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Country: **29** Zip: **30**

9. Name and Address of Current Registered Agent  
**WOOD, LOLA JEAN  
310 4TH STREET, N.W.  
STEINHATCHEE FL 32359**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 of profit corporation's registered agent or the filer) (201) Registered Agent signature required when re-appointing (202)

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOOD, LOLA JEAN</b>	
STREET ADDRESS	<b>P.O. BOX 960 N/A</b>	
CITY-ST-ZIP	<b>STEINHATCHEE FL 32359</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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Hugh W. Yancey</b>	
13 STREET ADDRESS	<b>310 4th Street N.W.</b>	
14 CITY-ST-ZIP	<b>Steinhatchee, Fl 32359</b>	
21 TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Lola Jean Wood</b>	
23 STREET ADDRESS	<b>310 4th Street N.W.</b>	
24 CITY-ST-ZIP	<b>Steinhatchee, Fl 32359</b>	
31 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>William C. Miller</b>	
33 STREET ADDRESS	<b>310 4th Street N.W.</b>	
34 CITY-ST-ZIP	<b>Steinhatchee, Fl 32359</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<b>100001900681</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>-07/22/96--01031--028</b>	
53 STREET ADDRESS	<b>***200.00</b>	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hugh W. Yancey* **Hugh W. Yancey** 7/12/96 352-448-1925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filer's Phone)

CR2E034 (3/96)