

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

**FILED**  
**Apr 14 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
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**DOCUMENT # P95000012594 (4)**  
 1. Corporation Name  
**PINE RIDGE FERTILIZER AND GARDEN CENTER, INC.**



Principal Place of Business <b>1836 HARBOR LANE NAPLES FL 33942</b>	Mailing Address <b>800 NORTH SIDE DR SUITE 27 SUMMERSVILLE WV 26651-2017 US</b>
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<b>3.</b> Date Incorporated or Qualified <b>02/14/1995</b>	<b>3a.</b> Date of Last Report <b>03/26/1996</b>
<b>4.</b> FEI Number <b>65-0576418</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> <b>3295 Pine Ridge Road</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b> <b>Naples, FL</b>	<b>28</b>
Zip	Country
<b>24</b> <b>33942</b>	<b>25</b> <b>US</b>
<b>29</b>	<b>30</b>

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>LUSK, TIMOTHY D 3295 PINE RIDGE RD. EXTENSION NAPLES FL 33942</b>	<b>B1</b> Name
	<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>B3</b>
	<b>B4</b> City
	<b>FL</b> <b>B5</b> 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, JAMES H</b>	1.2 NAME	
STREET ADDRESS	<b>2 WOODSIDE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERSVILLE WV</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, J. STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>1004 VAUGHAN AV</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERSVILLE WV</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, R B</b>	3.2 NAME	
STREET ADDRESS	<b>381 CLARISSA DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERSVILLE WV</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUSK, TIMOTHY D</b>	4.2 NAME	
STREET ADDRESS	<b>1836 HARBOR LUSK</b>	4.3 STREET ADDRESS	<b>3295 Pine Ridge Road</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *J. Steven Ferguson* (J. STEVEN FERGUSON) Secretary 4-3-97 (304) 872-4841  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)