

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000037452 (6)

1. Corporation Name

ROYAL PALM NURSERY & LANDSCAPING, INC.

Principal Place of Business

17154 TOLEDO BLVD.
PORT CHARLOTTE FL 33954

Mailing Address

17154 TOLEDO BLVD.
PORT CHARLOTTE FL 33954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0582011	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TERSIGNI, NICHOLAS A 17154 TOLEDO BLVD. PORT CHARLOTTE FL 33954				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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERSIGNI, FRANK P.		1.2 NAME	NICK TERSIGNI	
STREET ADDRESS	9249 CLEWISTON TERRACE		1.3 STREET ADDRESS	9249 CLEWISTON TERRACE	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERSIGNI, NICHOLAS A		2.2 NAME	BILL FORST	
STREET ADDRESS	731 TEXAS ST		2.3 STREET ADDRESS	848 FIFTH ST.	
CITY-ST-ZIP	ENGLEWOOD FL 34223		2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERSIGNI, JEAN N		3.2 NAME	DWAYNE BROWN	
STREET ADDRESS	731 TEXAS ST		3.3 STREET ADDRESS	425 PINE ST.	
CITY-ST-ZIP	ENGLEWOOD FL 34223		3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERSIGNI, NANCY A		4.2 NAME	AUDREY MATTHEWS	
STREET ADDRESS	9249 CLEWISTON TERRACE		4.3 STREET ADDRESS	3429 LINDEN ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224		4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
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 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: _____

CR2034 (10/97)