

**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 # P95000081641 (9)
1. Corporation Name

JOHNSON NURSERY, INC.



Principal Place of Business: 24546 WALLICK ROAD, SORRENTO FL 32776
Mailing Address: POST OFFICE BOX 320, SORRENTO FL 32776

3. Date Incorporated or Qualified: 10/23/1995
3a. Date of Last Report
4. FEI Number: 59-3352498
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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
JOHNSON, ALMA
24546 WALLICK ROAD
SORRENTO FL 32776

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, 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	D	11 TITLE
NAME	JOHNSON, ALMA	12 NAME
STREET ADDRESS	24546 WALLICK ROAD	13 STREET ADDRESS
CITY - ST - ZIP	SORRENTO FL 32776	14 CITY - ST - ZIP
TITLE		21 TITLE
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY - ST - ZIP		24 CITY - ST - ZIP
TITLE		31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY - ST - ZIP		34 CITY - ST - ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY - ST - ZIP		44 CITY - ST - ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY - ST - ZIP		54 CITY - ST - ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		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: *Alma Johnson* June 12-96 352-383-3073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)