FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # V01530 (7)

1. Corporate Name
WOODLAND NURSERIES, INC.

Principal Place of Business
6870 PHILLIPS HIGHWAY
JACKSONVILLE FL

Mailing Address
P.O. BOX 550866
JACKSONVILLE FL 32255

3. Date Incorporated or Qualified: 12/18/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26 Post Ofice Box 1486
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28 Callahan, Florida
24 25 29 32011 30 Nassau

4. FEI Number: 59-3097499 — 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. Does corporation owe any outstanding taxes or penalties under Chapter 220, Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
CONE, FRED M., JR.
225 WATER STREET
SUITE 1235
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
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 Section 607.0505, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASSIDY, JOHN T.
STREET ADDRESS	6870 PHILLIPS HIGHWAY
CITY, ST, ZIP	JACKSONVILLE FL 32216
TITLE	S
NAME	LANE, CLAUDIA C.
STREET ADDRESS	6870 PHILLIPS HIGHWAY
CITY, ST, ZIP	JACKSONVILLE FL 32216
TITLE	VP
NAME	CASSIDY, RICHARD C., JR.
STREET ADDRESS	6870 PHILLIPS HIGHWAY
CITY, ST, ZIP	JACKSONVILLE FL 32216

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19__

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information appearing with this report is substantially identical and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall constitute a manifestation of my intent to be bound by the provisions of Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or I am authorized with an address.

SIGNATURE: 1-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR

0407641 FP