

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V32441** (0)

1. Corporation Name  
**PIXLEY GREENHOUSES, INC.**

Principal Place of Business Mailing Address  
**20900 HWY 44E EUSTIS FL 32726 US P.O. BOX 1828 EUSTIS FL 32727**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/27/1992	05/01/1994
22		27		4. FEI Number	Applied For
23		28		59-3120363	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
31		32		7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<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			
PIXLEY, WILLIAM C. 436 E FIFTH AVE MOUNT DORA FL 32757-1486				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 manufacturing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOPP, TAMARA L.	1.2 NAME	
STREET ADDRESS	822 MINNIE	1.3 STREET ADDRESS	
CITY - ST - ZIP	KIRKWOOD MO	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOPP, ROBERT J. JR.	2.2 NAME	BOPP, ROBERT J. JR.
STREET ADDRESS	822 MINNIE	2.3 STREET ADDRESS	20900 HIGHWAY 44 EAST
CITY - ST - ZIP	KIRKWOOD, MO	2.4 CITY - ST - ZIP	EUSTIS, FL 32726
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIXLEY, THOMAS D.	3.2 NAME	
STREET ADDRESS	P.O. BOX 1828 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS, FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIXLEY, MARY C.	4.2 NAME	
STREET ADDRESS	P.O. BOX 1828 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS, FL	4.4 CITY - ST - ZIP	
TITLE		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		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 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, trustee, liquidator, or assignee of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this report.

SIGNATURE: **THOMAS D. PIXLEY** *[Signature]* x Date: **904-589-2505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title: **President**