

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V32441** (0)
1. Corporation Name
PIXLEY GREENHOUSES, INC.



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

3. Date Incorporated or Qualified: **04/27/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3120363**
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 (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **PIXLEY, WILLIAM C. 436 E FIFTH AVE MOUNT DORA FL 32757-1486**
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: _____ DATE: _____
Signature typed or printed below of registered agent and for filing use. (NOTE: Registered Agent signature required when filing this form.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOPP, ROBERT J. JR.	2.2 NAME	
STREET ADDRESS	20900 HIGHWAY 44 EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIE FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, in connection with an attachment with an address.

SIGNATURE: *[Signature]* **TAMARA D. PIXLEY** **4/20/96** (352) 589-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)