

**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. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S45151 (5)**
1. Corporation Name

OAK ISLAND NURSERIES, INC.



Principal Place of Business: **105 TREE FARM RD. SEBRING FL 33872**
Mailing Address: **105 TREE FARM RD. SEBRING FL 33872**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1991	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0396582	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
33. Suite, Apt. #, etc.	34. City & State	35. Zip	36. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MURDOCK, GAYLE E 2165 N TORRINGTON RD AVON PARK FL 33825				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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: _____ DATE: _____
Signature typed or printed name of registered agent or officer, if applicable. (Delete if registered agent; signature required when not applicable.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRANZA, JOE			12. NAME			
STREET ADDRESS	101 E MONROE ST			13. STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL			14. CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCDANIEL, B WAYNE SR			22. NAME			
STREET ADDRESS	105 TREE FARM RD			23. STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			24. CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MURDOCK, GAYLE E			32. NAME			
STREET ADDRESS	2165 N TORRINGTON RD			33. STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL			34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: *B. Wayne McDaniel Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96
DATE

CP2E034 (3/96)