

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600000975

1. Corporation Name

GROWN IN THE USA COALITION, INC.

Principal Place of Business

4401 EAST COLONIAL DRIVE

Mailing Address

POST OFFICE BOX 140155

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90270 017 ****61.25



ORLANDU PL	32014	ONLANDO PE 32014				 	(1 60 /10 10/2) (40)
─ ` '	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/22/1996			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-3418839		J	lied For
22		27			09-04 10009			Applicable
City & Stat	.	City & State			5. Certifcate of Status Desired		\$8.75 A	
Zip	Country		Country		6. Election Campaign Financing		\$5.00	
24	25	├ ── `	10		Trust Fund Contribution		Added to	, . I
	9. Name and Address of Current		7		10. Name and Address of New F	Registered /	Agent	
			81	Name				
STUART, MICHAEL J				Street A	ddress (P.O. Box Number is Not Accepta	able)		-
4401 EAST COLONIAL DRIVE			82	0.000.				
ORLANDO	FL 32814		83	ļ				
	•		84	City		FL	85 Zip C	ode
	<u> </u>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-baine ite -	agistarad
office of I	registered agent, or both, in the State of minimum familiar with, and accept the obligation	if Florida. Such chande was aut	nonzed by	the corpor	orporation submits this statement for the ration's board of directors. I hereby acceptation	ot the appoir	itment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Ager	nt signature rec	quired when reinstating)	DATÉ	-	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition (
NAME	STUART, MICHAEL J	•	1.2 NAME				•	
STREET ADDRESS	4401 EAST COLONIAL DRIVE		1.3 STREET	FADDRESS			•	
CITY-ST-ZIP	ORLANDO FL 32814		1.4 CITY-S	T-ZIP			Channe	T Addition
TITLE	D	☐ DELETE	2.1 TITLE	l			Change	Addition Addition
NAME	BUTLER, SCOTTIE J		2.2 NAME		· .		•	
STREET ADDRESS	5700 SW 34TH STREET		2.3 STREE			•		•
CITY-ST-ZIP	GAINESVILLE FL 32614-7030	☐ DELETE	2.4 CITY-9 3.1 TITLE	5T-ZIP			Change	Addition
TITLE NAME	WHITE, LEONARD E	_ DELETE	3.2 NAME				<u> </u>	<u> </u>
STREET ADDRESS	310 SOUTHEAST FIRST STREET	STF 1	3.3 STREE	TAODRESS			*	:
CITY-ST-ZIP	DELRAY BEACH FL 33483		3.4. CITY-S					
TITLE '	D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	KIRBY, TOM		4. 2 NAME	1	•			
STREET ADDRESS	1850 OLD DIXIE HIGHWAY		4.3 STREET	ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33033		4.4 CITY-S	T-ZIP	<u> </u>			<u></u>
TITLE	D	☐ DELETE	5.1 TITE.E			٠.	Change	☐ Addition
NAME	RODRIGUEZ, J L	010 0TF 044	5.2 NAME					,
STREET ADDRESS	1451 WEST CYPRESS CREEK R		5.3 STREE	1				. •
CITY-ST-ZIP	FORT LAUDERDALE FL 33309-19	953	5.4 CITY-S 6.1 TITLE	1-ZIP			☐ Change	☐ Addition
TITLE		· Defere	6.2 NAME		•			
NAME		•	6.3 STREE	TADORESS	•	•	-	
STREET ADDRESS			6.4 CITY-S	- 1	·			
CITY-ST-ZIP	1 X							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 copporation 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE!

-REGIGHAEED.