

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

04-29-1999 90089 049 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000003587**

1. Corporation Name  
**EVERGLADES NATIVE GROWERS, INC.**



Principal Place of Business 1930 D RD LOXAHATCHER FL 33470 US	Mailing Address 1930 D RD LOXAHATCHEE FL 33470 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	30 Country
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3. Date Incorporated or Qualified <b>01/11/1996</b>	
4. FEI Number <b>65-0660100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FORD, JAMES**  
 1930 D RD  
 LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name <b>Diana Robinson PR.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1930 D Road</b>	
83	
84 City <b>Loxahatchee</b>	85 Zip Code <b>FL 33470</b>

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: *Diana Robinson* *Diana Robinson* **4-26-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ROBINSON, DAVID</b>	
STREET ADDRESS <b>1930 D ROAD</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	
TITLE <b>VO</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>IVES, JAYNE</b>	
STREET ADDRESS <b>13298 82ND ST N</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FORD, JAMES</b>	
STREET ADDRESS <b>1930 D RD</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>ROBINSON, DIANA</b>	
STREET ADDRESS <b>1930 D RD</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana Robinson* **4-26-99** **561-795-7933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)