

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90063 002 \*\*\*150.00

DOCUMENT # **504394**

1. Corporation Name  
**FERN GROWERS WHOLESALE SUPPLY, INC.**

Principal Place of Business

407 S CENTER ST  
P O BOX 666  
PIERSON FL 32180-0666

Mailing Address

407 S CENTER ST  
P O BOX 666  
PIERSON FL 32180-0666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/02/1976**

4. FEI Number

**59-1574842**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

SHUMAN, JACK B.  
407 S CENTER ST  
PIERSON FL 32180

10. Name and Address of New Registered Agent

81 Name

**Scott Jones**

82 Street Address (P.O. Box Number is Not Acceptable)

**P.O. Box 666**

83

**407 S. Center St.**

84 City

**Pierson**

**FL**

85 Zip Code  
**32180**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME SHUMAN, JACK B  
STREET ADDRESS 6119 LAKE WINONA RD  
CITY-ST-ZIP DELEON SPRINGS FL

TITLE DV ☒ DELETE  
NAME LAWRENCE, THOMAS J SR  
STREET ADDRESS 3830 MARSH ROAD  
CITY-ST-ZIP DELAND, FL 00000

TITLE DS ☒ DELETE  
NAME JONES, NORMA P  
STREET ADDRESS 500 E WASHINGTON AVE  
CITY-ST-ZIP PIERSON, FL 00000

TITLE VDT ☐ DELETE  
NAME HAGSTROM, RAIFORD G JR  
STREET ADDRESS 1327 GLENWOOD RD  
CITY-ST-ZIP DELAND, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Jones, Scott  
1.3 STREET ADDRESS 415 E. Washington  
1.4 CITY-ST-ZIP Pierson, FL 32180

2.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME Hagstrom, Raiford G. Jr.  
2.3 STREET ADDRESS 135 East Third Ave  
2.4 CITY-ST-ZIP Pierson, FL 32180

3.1 TITLE DST ☐ Change ☒ Addition  
3.2 NAME Lawrence, James R.  
3.3 STREET ADDRESS 824 Reynolds Road  
3.4 CITY-ST-ZIP DeLeon Springs, FL 32130

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Shuman, Jack B.  
4.3 STREET ADDRESS 6119 Lake Winona Road  
4.4 CITY-ST-ZIP DeLeon Springs, FL 32130

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott Jones** 2/17/99 904-749-2257

Date

Daytime Phone #

CR2E034 (11/98)