

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90089 049 ***150.00

DOCUMENT # 797000108113 ✓
1. Entity Name
ANOCO, INC./ANOCO FARMS AND GARDENS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>620 LIVE OAK LANE</u> Suite, Apt. #, etc.		3. Mailing Address <u>620 LIVE OAK LANE</u> Suite, Apt. #, etc.	
City & State <u>PANAMA CITY BEACH, FL.</u>		City & State <u>PANAMA CITY BEACH, FL.</u>	
Zip <u>32408</u>	Country	Zip <u>32408</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number <u>59-3497277</u>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name CHARLES E. Rouillard
Street Address (P.O. Box Number is Not Acceptable)
620 LIVE OAK LANE
City PANAMA CITY BEACH, FL Zip Code 32408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>CHARLES E. ROUILLARD</u> <u>620 LIVE OAK LANE</u> <u>PANAMA CITY BEACH, FL. 32408</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY - TREASURER</u> <u>JOYCE L. ROUILLARD</u> <u>620 LIVE OAK LANE</u> <u>PANAMA CITY BEACH, FL. 32408</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE-PRESIDENT</u> <u>MARK McCRAVEY</u> <u>21400 DOLPHIN AVE.</u> <u>PANAMA CITY BEACH, FL. 32413</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Rouillard CHARLES E. ROUILLARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-2002 850-233-6565
Date Daytime Phone #