

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 210973 (4)

1. Corporation Name

EARL J. SMALL GROWERS, INC.



Principal Place of Business

6901 49TH ST NORTH
PINELLAS PARK 34665

Mailing Address

6901 49TH ST NORTH
PINELLAS PARK 34665

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

PINELLAS PARK FL

PINELLAS PARK FL

24

29

Zip

Zip

Country

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/01/1958

3a. Date of Last Report
04/25/1995

4. FEI Number

59-0830646

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME COWDEN, L. GRADY
STREET ADDRESS 6901 49TH ST NORTH
CITY-STATE-ZIP PINELLAS PARK FL 34665

TITLE D ☐ DELETE
NAME GERMANY, JOHN
STREET ADDRESS 6901 49TH STREET NORTH
CITY-STATE-ZIP PINELLAS PARK FL

TITLE D ☐ DELETE
NAME SMALL, MILDRED
STREET ADDRESS 6901 49 ST. N.
CITY-STATE-ZIP PINELLAS PARK FL

TITLE D ☐ DELETE
NAME HOLLIS, RICHARD
STREET ADDRESS 6901 49TH STREET NORTH
CITY-STATE-ZIP PINELLAS PARK FL 34665

TITLE D ☐ DELETE
NAME CUMMISKEY, PAUL
STREET ADDRESS 6901 49TH STREET NORTH
CITY-STATE-ZIP PINELLAS PARK FL 34665

TITLE D ☐ DELETE
NAME SMALL, THOMAS
STREET ADDRESS 6901 49TH STREET NORTH
CITY-STATE-ZIP PINELLAS PARK FL 34665

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Hollis* RICHARD HOLLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 (813) 526-9113

DATE DAYTIME PHONE #

CR2E034 (12/95)