


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  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 FL 34665 US | | Mailing Address 6901 49TH ST NORTH PINELLAS PARK FL 34665 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 9. Name and Address of Current Registered Agent SMALL, MILDRED 6901 49TH ST N PINELLAS PARK FL 34665 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | COWDEN, L. GRADY | | |
| STREET ADDRESS | 6901 49TH ST NORTH | | |
| CITY-ST-ZIP | PINELLAS PARK FL 34665 | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | GERMANY, JOHN | | |
| STREET ADDRESS | 6901 49TH STREET NORTH | | |
| CITY-ST-ZIP | PINELLAS PARK FL | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | SMALL, MILDRED | | |
| STREET ADDRESS | 6901 49 ST. N. | | |
| CITY-ST-ZIP | PINELLAS PARK FL | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | HOLLIS, RICHARD | | |
| STREET ADDRESS | 6901 49TH STREET NORTH | | |
| CITY-ST-ZIP | PINELLAS PARK FL 34665 | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | CUMMISKEY, PAUL | | |
| STREET ADDRESS | 6901 49TH STREET NORTH | | |
| CITY-ST-ZIP | PINELLAS PARK FL 34665 | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | SMALL, THOMAS | | |
| STREET ADDRESS | 6901 49TH STREET NORTH | | |
| CITY-ST-ZIP | PINELLAS PARK FL 34665 | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 1.2 NAME | CONSTABLE, LISA A | | |
| 1.3 STREET ADDRESS | 6901 - 49TH STREET NORTH | | |
| 1.4 CITY-ST-ZIP | PINELLAS PARK, FL. 33781 | | |
| 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 | | | |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 04/01/1958 | 3a. Date of Last Report 03/27/1996 |
| 4. FEI Number 59-0830646 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

14. I do 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.

SIGNATURE: *[Signature]* 9-3-97 813-526-9113

CR2E034 (4/97)