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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 431725 (1)

1. Corporate Name
GOLD COAST GROWERS, INC.

Principal Place of Business	Mailing Address
22760 S. FEDERA HWY PO BOX 4053 PRINCETON FL 33092 US	22760 S. FEDERA HIGHWAY P. O. BOX 4053 PRINCETON FL 33092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1973
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 P.O. Box 924053
Suite, Apt. #, etc.
27
City & State
28 Homestead, FL
Zip
29 33092-4053
Country
30 USA

4. FEI Number: 59-1484226
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

9. Name and Address of Current Registered Agent

HILSON, JAMES E.
22760 S. FEDERAL HWY.
GOULDS FL 33170

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required where mandated by law)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HILSON, JAMES E.	12 NAME	
STREET ADDRESS	25101 S.W. 134TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	HILSON, DEBORAH	22 NAME	
STREET ADDRESS	25265 S.W. 134 AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HILSON, JAMES R.	32 NAME	
STREET ADDRESS	15410 S.W. 272ND ST.	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	TDS	41 TITLE	☐ Change ☐ Addition
NAME	HILSON, BETTY S	42 NAME	
STREET ADDRESS	25101 S.W. 134TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare to certify that the information required with this report, voluntarily furnished and 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 1, 2 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Betty S. Hilson Treas. Betty Hilson 3-3-95 305-258-6347
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE DAYTIME TELEPHONE NUMBER

0420048 FP