

2000. UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90085 012 ***150.00

DOCUMENT # **488639** ✓
 1. Entity Name
GROWERS Supply Co Inc

Principal Place of Business Mailing Address
163 N FREDERICK ST PO BOX 417
PIERSON FL 32180 PIERSON FL
32180

2. Principal Place of Business 3. Mailing Address
PO BOX 417
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PIERSON FL
 Zip Country Zip Country
32180 USA

4. FEI Number Applied For
59-1627892 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
EARL W ZIEBARTH JR
250 CARLISLE LN
PO BOX 417
PIERSON, FL 32180

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P	<input type="checkbox"/> Delete
NAME PRESIDENT	
STREET ADDRESS MARK W ZIEBARTH	
CITY-ST-ZIP 144 ADAMS AVE DELAND FL 32804	
TITLE V/P	<input type="checkbox"/> Delete
NAME VICE PRESIDENT	
STREET ADDRESS EARL W ZIEBARTH III	
CITY-ST-ZIP 1185 VILLAGE GREEN DELAND FL 32724	
TITLE COB	<input type="checkbox"/> Delete
NAME EARL W ZIEBARTH JR	
STREET ADDRESS 250 CARLISLE LN	
CITY-ST-ZIP PIERSON FL 32180	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jay W. Ziebart** **30 MAR 2000** **904 749 2351**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)