

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90054 034 ***150.00

DOCUMENT # 504394

1. Entity Name
FERN GROWERS WHOLESALE SUPPLY, INC.



Principal Place of Business

~~P.O. BOX 666~~
~~PIERSON, FL 32180-0666~~

Mailing Address

C/O DREGGORS, RIGSBY & TEAL
1006 N WOODLAND BLVD, STE A
DELAND, FL 32720

11010607



2. Principal Place of Business

1006 N. Woodland Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

02052004

Chg-P

CR2E034 (10/03)

City & State

DeLand FL

City & State

4. FEI Number

59-1674842

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JONES, SCOTT
415 E WASHINGTON ST
PIERSON, FL 32180

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JONES, SCOTT
STREET ADDRESS 415 E. WASHINGTON ST.
CITY-ST-ZIP PIERSON, FL 32180

TITLE DV ☐ Delete
NAME HAGSTROM, RAIFORD G JR
STREET ADDRESS 135 E. THIRD AVE.
CITY-ST-ZIP PIERSON, FL 32180

TITLE DT ☐ Delete
NAME LAWRENCE, JAMES R
STREET ADDRESS 824 REYNOLDS RD.
CITY-ST-ZIP DELEON SPRINGS, FL 32130

TITLE D ☐ Delete
NAME SHUMAN, JACK H
STREET ADDRESS 6119 LAKE WINONA RD.
CITY-ST-ZIP DELEON SPRINGS, FL 32130

TITLE S ☐ Delete
NAME SELBY, JACQUELINE M
STREET ADDRESS 399 PARADISE DR
CITY-ST-ZIP DELAND, FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Change ☐ Addition
NAME Lawrence, James R.
STREET ADDRESS Po Box 787 13156 SW 164th Ave.
CITY-ST-ZIP Cedar Key, FL 32625-0787

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME Selby, Jacqueline M.
STREET ADDRESS 358 Western Ave
CITY-ST-ZIP Pierson, FL 32180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #