## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

548746

(7)

VITA-GREEN, INC.

		•

Mailing Address

FILED
Mar 02 1998 8:00am
Secretary of State



122 EAST TILLMAN AVENUE P. O. BOX 640 LAKE WALES FL 33859-7840		P. O. BOX	122 EAST TILLMAN AVENUE P. O. BOX 840 LAKE WALES FL 33859-7840			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 10/07/1977		
2. Principal Place of Business		2a. Mailing	2a. Mailing Address			4. FEI Number	Applied For	
រា		26	]			59-1783561	Not Applicable	
Suite, Apt. #, etc		Suite, A	Suite, Apt. #, efc.			6, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Crty & S 28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country 25	7 (p	rp Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
JOHNSON RONALD C			81	Name				
122 E TILLMAN AVE LAKE WALES FL 33853			82	Street Address (P.O. Box Number is Not Acceptable)				
DAL WILL I COOCO			83					
			84	City	FL	85 Zip Code		
11. Pursuant to the	ne provisions of Sections 607.	0502 and 607.1508,	Florida Statutes, the a	above	-named corpo	oration submits this statement for the purpose o	f changing its registered	

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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE JOHNSON, RONALD C. NAME 1.2 NAME 122 E. TILLMAN AVENUE STREET ADDRESS 1.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE DELETE Change Addition TITLE MCCOLLUM, R. CARL NAME 2.2 NAME 122 E. TILLMAN AVENUE STREET ADDRESS 23 STREET ADDRESS LAKE WALES FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE JAHNA, E.R., III 3.2 NAME STREET ADDRESS 122 E. TILLMAN AVENUE 3.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$1-2IP CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 supplicinental 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 of 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:

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2/13/98 941-676 9431