

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 588515

(7)

1. Corporation Name

CLERMONT FARM & SOD CO., INC.

Principal Place of Business

**122 E. TILLMAN AVENUE
P.O. DRAWER 840
LAKE WALES FL 33859-7840**

Mailing Address

**122 E. TILLMAN AVENUE
P.O. DRAWER 840
LAKE WALES FL 33859-7840**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1851944

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

9. This corporation has liability for intangibles tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JOHNSON RONALD C
122 E TILLMAN AVE
LAKE WALES FL 33853**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAHNA, E.R. JR.
STREET ADDRESS	122 E. TILLMAN AVENUE
CITY-ST-ZIP	LAKE WALES FL
TITLE	STD
NAME	MCCOLLUM, CARL
STREET ADDRESS	122 E. TILLMAN AVENUE
CITY-ST-ZIP	LAKE WALES FL
TITLE	VD
NAME	JAHNA, E.R., III
STREET ADDRESS	122 E. TILLMAN AVENUE
CITY-ST-ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TD
2.3 STREET ADDRESS	MCCOLLUM, CARL
2.4 CITY-ST-ZIP	122 E. TILLMAN AVE. LAKE WALES FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	SD
4.3 STREET ADDRESS	JOHNSON, RONALD C.
4.4 CITY-ST-ZIP	122 E. TILLMAN AVE. LAKE WALES FL
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 676-9431