2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 588515

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CLERMONT FARM & SOD CO., INC.

Current Principal Place of Business:

202 E. STUART AVENUE
P.O. DRAWER 840
LAKE WALES, FL 338597840

New Principal Place of Business:

Current Mailing Address:

202 E. STUART AVENUE
P.O. DRAWER 840
LAKE WALES, FL 338597840

New Mailing Address:

FEI Number: 59-1851944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON RONALD C
202 E STUART AVE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VTS ( ) Delete
Name: MCCOLLUM, CARL R
Address: 202 E. STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

Title: VPD ( ) Delete
Name: JAHNA, EMIL R III
Address: 202 E. STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: VPSD ( ) Delete
Name: JOHNSON, RONALD C
Address: 202 E STUART AVE.
City-St-Zip: LAKE WALES, FL 33853 US

Title: VPTD ( ) Delete
Name: JAHNA, JAMES
Address: 202 E. STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

Title: VPD ( ) Delete
Name: JAHNA-PETERSON, GRETCHEN
Address: 202 E. STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

Title: PD ( ) Delete
Name: KEESLER, ALLEN J JR
Address: 202 E. STUART AVE.
City-St-Zip: LAKE WALES, FL 33853 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN J. KEESLER, JR. PD 04/29/2002
Electronic Signature of Signing Officer or Director Date