404-872-3841

4-6-01

George W Ready Jr

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # 815820 1. Entity Name PEACE VALLEY GROVES, INC 04-10-2001 90027 032 ***150.00 Principal Place of Susiness Mailing Address 1958 MONROE DRIVE 1958 MONROE DRIVE PO BOX 1738 PO BOX 1738 C0043770 ATLANTA GA 30324 ATLANTA GA 30324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-0606434 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ≥ 7- Name and Address of New Registered Agent" Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NQTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President/Director Change Addition TITLE Delete TITLE WATKINS, W.B., IV. NAME NAME STREET ADDRESS STREET ADDRESS 1144 W.GRIFFIN RD. CITY-ST-ZIP CITY-ST-ZIP Lakeland Fl ☐ Change Addition TITLE ☐ Delete TITLE READY, GEORGE W JR NAME NAME STREET ADDRESS STREET ADDRESS 1958 MONROE DR.NE. CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 00000 Addition ☐ Delete TITLE ☐ Change TITLE WATKINS, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 1958 MONROE DR NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 00000 TITLE ☐ Delete TITLE ☐ Change Addition NAME PAUL, B.H. NAME STREET ADDRESS 1144 W. GRIFFIN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Director TITLE ☐ Change Delete TITLE * Addition FREEMAN, WILLIAM A. Watkins, John C. NAME NAME STREET ADDRESS 1144 WEst Griffin Rd STREET ADDRESS 1946 NE MONROE DR CITY-ST-ZIE CITY-ST-ZIP ATLANTA GA akeland, FL 33805 Vice President TITLE ☐ Delete TITLE ☐ Change **X** Addition NAME Watkins, Michael L. NAME 1958 Monroe Drive NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Atlanta, GA 30324-4887 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 supplied ental 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 received 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.