

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 846484 (4)

1. Corporation Name

TROPICAL PLANT GROWERS OF NORTH AMERICA, LTD., I  
NCORPORATED

Principal Place of Business

28000 SPANISH WELLS DRIVE  
P.O. BOX 2288  
BONITA SPRINGS FL 33959  
US

Mailing Address

28000 SPANISH WELLS DRIVE  
P.O. BOX 2288  
BONITA SPRINGS FL 33959  
US



3. Date Incorporated or Qualified

07/15/1980

3a. Date of Last Report

01/31/1995

4. FEI Number

36-3011677

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 607.1506, 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, if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
SD	KELLY, THOMAS J	4051 E MAIN STREET	ST CHARLES IL	<input type="checkbox"/>
AS	CRAWFORD, J. STEPHEN	5551 RIDGEWOOD DRIVE	NAPLES FL	<input type="checkbox"/>
PD	MCARDLE, DAVID A.	4051 E MAIN STREET	ST CHARLES, IL 00000	<input type="checkbox"/>
VD	MCARDLE, EDWARD J.	5101 CAROLINE	HOUSTON TX	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS	CRAWFORD, J. STEPHEN	5129 CASTELLO DRIVE, SUITE 1	NAPLES, FL 33940	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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)(k), 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

Thomas J. Kelly 1/17/96 708/584-6580

Secretary

Date

Daytime Phone

CR2E034 (12/95)