

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F26816**

1. Entity Name  
FLORIDA GROWER'S SUPPLY, INC.



Principal Place of Business

7001 W LANTANA RD  
LAKE WORTH, FL 33467 US

Mailing Address

P O BOX 540085  
LAKE WORTH, FL 33454 US



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2102696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MCCOLLUM, JAMES F  
129 S COMMERCE AVE  
SEBRING, FL

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DUBOSE, JAMES E  
10842 SHANKHILL ROAD  
SEBRING, FL 0,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTS  
SPIGELMAN, JACOB  
10 THORRAN COURT  
CHERRY HILL, NJ

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
BICK, DITMAR  
6378 NW 40TH CT  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000894034  
04/24/08-80011-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DITMAR BICK

Date

Daytime Phone #

4/10/08 561-968-5039