

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90066 044 ***150.00

DOCUMENT # F97000000453

1. Corporation Name

V-J GROWERS SUPPLY, INC.

Principal Place of Business

**500 WEST ORANGE BLOSSOM TRAIL
APOPKA FL 32703**

Mailing Address

**500 WEST ORANGE BLOSSOM TRAIL
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

59-3423093

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **MCREA, WILLIAM**
STREET ADDRESS **2905 RAILROAD AVE.**
CITY-ST-ZIP **CERES CA 95307**

TITLE **CD** ☒ DELETE
NAME **PUTH, JOHN W**
STREET ADDRESS **5215 OLD ORCHARD RD., STE. 930**
CITY-ST-ZIP **SKOKIE IL 60077**

TITLE **D** ☒ DELETE
NAME **VAUGHAN, JOHN C**
STREET ADDRESS **16800 S. TAMiami TR.**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **D** ☒ DELETE
NAME **DICKES, BRYAM E**
STREET ADDRESS **100 S. WACKER DR., STE. 1140**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **D** ☐ DELETE
NAME **WATSON, WARREN**
STREET ADDRESS **4 WILKINSON RD**
CITY-ST-ZIP **BRAMPTON ON 32703**

TITLE **VPS** ☒ DELETE
NAME **JANOSIK, JOHN**
STREET ADDRESS **500 W ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **APOPKA FL 32712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **POLITZER, GABI**
1.3 STREET ADDRESS **500 W. ORANGE BLOSSOM TRAIL**
1.4 CITY-ST-ZIP **APOPKA, FL 32712**

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **ELLER, ROD**
2.3 STREET ADDRESS **500 W. ORANGE BLOSSOM TRAIL**
2.4 CITY-ST-ZIP **APOPKA, FL 32712**

3.1 TITLE **VS** ☐ Change ☒ Addition
3.2 NAME **SCHEER, ADAM**
3.3 STREET ADDRESS **500 W. ORANGE BLOSSOM TRAIL**
3.4 CITY-ST-ZIP **APOPKA, FL 32712**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam Scheer

Date

Daytime Phone #

4-5-09

404 986 5555

CR2E034 (1/98)