

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 25 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G47811 (6)**

1. Corporation Name  
**BIRDSALL GROWERS, INC.**

Principal Place of Business Mailing Address  
**% L. FRANK CHOPIN  
440 ROYAL PALM WAY, STE. 300  
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/07/1983** 3a. Date of Last Report **04/15/1994**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
			<b>59-2322715</b>	<input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Zip	Country	29	30
			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CHOPIN, L. FRANK 440 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1 1 TITLE	<b>PVPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRDSALL, JOHN H</b>	1 2 NAME	<b>John H. Birdsall III</b>
STREET ADDRESS	<b>369 S LAKE DR</b>	1 3 STREET ADDRESS	<b>253 Esplanade Way</b>
CITY - ST - ZIP	<b>PALM BCH, FL 00000</b>	1 4 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<b>VPD</b>	2 1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRDSALL, JOHN H III</b>	2 2 NAME	<b>L. Frank Chopin</b>
STREET ADDRESS	<b>253 ESPLANADE WAY</b>	2 3 STREET ADDRESS	<b>440 Royal Palm Way; Suite 200</b>
CITY - ST - ZIP	<b>PALM BCH, FL 00000</b>	2 4 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<b>SD</b>	3 1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORY, CAROLINE B</b>	3 2 NAME	<b>Caroline B. Sory</b>
STREET ADDRESS	<b>134 COCOANUT ROW</b>	3 3 STREET ADDRESS	<b>134 Cocoonut Row</b>
CITY - ST - ZIP	<b>PALM BCH, FL 00000</b>	3 4 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

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 the 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 of this filing, or on an attachment with this filing.

SIGNATURE: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director) Date: **7/20/95** Daytime Phone # \_\_\_\_\_

CR2E094 (3/95)