

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

FILED

Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G58424 (4)

1. Corporation Name
H. RONALD COLEMAN FERNERIES, INC.



Principal Place of Business

Mailing Address

1355 COWART RD
P O BOX 155
SEVILLE FL 32190-7155

1355 COWART RD
P O BOX 155
SEVILLE FL 32190-0155

2. Principal Place of Business

2a. Mailing Address

21 1675 Lake George Road

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 155

27

City & State

City & State

23 Seville, FL

28

Zip

Country

Zip

Country

24 32190

25

Volusia

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, H RONALD
1355 COWART RD
SEVILLE FL 32090

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME COLEMAN, H RONALD

1.2 NAME

STREET ADDRESS 1355 COWART RD.

1.3 STREET ADDRESS

CITY- ST- ZIP SEVILLE FL

1.4 CITY- ST- ZIP

TITLE SD ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME HENRY, CHRISTIE

2.2 NAME

STREET ADDRESS RT. 1, BOX 228A

2.3 STREET ADDRESS

CITY- ST- ZIP BUNNELL FL

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: H. Ronald Coleman H. Ronald Coleman

3-3-97 904-744-2490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)