

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H66720

(4)

1. Corporation Name

SOUTHERN GROWERS SUPPLY INC.



Principal Place of Business

Mailing Address

11350 US 98
DADE CITY FL 33525
US

11350 US 98
DADE CITY FL 33525
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, VICTOR S.
1333 PASADENA RD.
DADE CITY FL 33525

81 Name

Victor S. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

36441 Lake Pasadena Road

83

Dade City, FL 33525-8409

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 607.0504, Florida Statutes.

SIGNATURE

Signature of the individual named in the statement above

Signature of Agent or Secretary, whichever is applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SMITH, VICTOR S.	
STREET ADDRESS	36441 LAKE PASADENA RD	
CITY-STATE-ZIP	DADE CITY FL	
TITLE	STD	☐ DELETE
NAME	SMITH, MARY YOUNG	
STREET ADDRESS	36441 LAKE PASADENA RD	
CITY-STATE-ZIP	DADE CITY FL	
TITLE	ST	☒ DELETE
NAME	LESTER, VICKI MICHELLE	
STREET ADDRESS	2943 BECKUM RD.	
CITY-STATE-ZIP	DADE CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(a), 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 in an attachment with an address.

SIGNATURE:

Mary Young Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

352-567-8444

CR# 4393

CR2E034 (12/95)