

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  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90102 037 \*\*\*150.00

DOCUMENT # J30856

1. Corporation Name  
MERRYGRO FARMS, INC.

Principal Place of Business

34135 CARDINAL LN.  
34135 CARDINAL LANE  
EUSTIS FL 32726  
US

Mailing Address

34135 CARDINAL LN.  
34135 CARDINAL LANE  
EUSTIS FL 32726  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1986

4. FEI Number

59-2711088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 34135 CARDINAL LANE

Suite, Apt. #, etc.

22 ~~EUSTIS FLORIDA~~

City & State

23 EUSTIS FLORIDA

Zip

24 32736

Country

25 USA

2a. Mailing Address

26 34135 CARDINAL LANE

Suite, Apt. #, etc.

27

City & State

28 EUSTIS FLORIDA

Zip

29 32736

Country

30 USA

9. Name and Address of Current Registered Agent

SCHLOSSER, RICHARD A.  
4100 BARNETT PLAZA  
101 E KENNEDY BLVD  
TAMPA FL 33602

\* SEE CHANGE OF  
ADDRESS FOR  
REG. AGENT ->

10. Name and Address of New Registered Agent

81 Name

RICHARD A. SCHLOSSER

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

500 E. KENNEDY BOULEVARD

83

SUITE 200

84 City

TAMPA

FL

85 Zip Code

33602

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 D ☒ DELETE

NAME RYAN, DOUG  
STREET ADDRESS 34135 CARDINAL LANE  
CITY-ST-ZIP EUSTIS FL 32736

TITLE D ☒ DELETE

NAME MAGNUSON, DALE  
STREET ADDRESS 34135 CARDINAL LANE  
CITY-ST-ZIP EUSTIS FL 32736

TITLE T ☐ DELETE

NAME ROBISON, DAVID  
STREET ADDRESS 34135 CARDINAL LANE  
CITY-ST-ZIP EUSTIS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (11/98)