

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 03, 1999 8:00 am  
Secretary of State

03-03-1999 90072 009 \*\*\*150.00

DOCUMENT # J72010

1. Corporation Name

ZELLWOOD CARROT PRODUCTS, INC.

Principal Place of Business

P.O. BOX 188  
6161 W. JONES AVENUE  
ZELLWOOD FL 32798

Mailing Address

P.O. BOX 188  
6161 W. JONES AVENUE  
ZELLWOOD FL 32798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1987

4. FEI Number

59-2818567

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

O'DONNELL, JAMES D.  
1648 OSCEOLA STREET  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

Glenn R. Rogers

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

6161 Jones Avenue

83

P.O. Box 188

84 City

Zellwood

FL

85 Zip Code

32798

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

*Glenn R. Rogers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JORGENSEN, MARGARET  
STREET ADDRESS 1750 SUSSEX DR.  
CITY-ST-ZIP MT.DORA FL

TITLE ☒ DELETE

NAME JORGENSEN, KENNETH F.  
STREET ADDRESS 1750 SUSSEX DR.  
CITY-ST-ZIP MT.DORA FL

TITLE ☐ DELETE

NAME STALEY, JAMES M.  
STREET ADDRESS 2103 DOGWOOD CIRCLE  
CITY-ST-ZIP MT.DORA FL

TITLE ☐ DELETE

NAME ROGERS, GLENN R.  
STREET ADDRESS 2245 MORNINGSID DR.  
CITY-ST-ZIP MT.DORA FL

TITLE ☐ DELETE

NAME KENNEDY, CHARLES W.  
STREET ADDRESS 1111 AVALON WAY  
CITY-ST-ZIP MT.DORA FL

TITLE ☐ DELETE

NAME YOUNGS, THOMAS L.  
STREET ADDRESS 1450 RAIN TREE LANE  
CITY-ST-ZIP MT.DORA FL

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:

*Glenn R. Rogers*

Glenn R. Rogers

1/19/99

Date

(407) 886-1891

Daytime Phone #

CR2E034 (11/98)

0521156