PROFIT -CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

## **FILED** Apr 08, 1999 8:00 am Secretary of State

**≡**÷;

**=** # :

04-08-1999 90036 019 \*\*\*150.00

]	1999	DIVISION OF CC	RPORATIONS			
DOCU 1. Corporatio	MENT # LO 2	2754				
Panhandle Growers Incorporated				* 5 4 7 1 2 2 * 547122 - 90016 - 40		
Principal Plac	e of Business	Mailing Address				
5975 Sou	thridge Drive	5975 Southridge Dr:	ive			
		Milton, FL 32570-		DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualified		
}		•		July 17, 1989		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
	Southridge Drive	28 5975 Southric	<u>ige Drive</u>	59-2969323	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & Stat	<u>~</u> `	City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>⊢</b> − '	on FL	- 28 -Milton, FL -		- Trust Fund Contribution	Added to Fees	
Zlp	Country	Zip	Country	8. This corporation owes the current year tr		
24 32570-		29 32570-9535 3	<u>o</u>	Personal Property Tax.	Yes No	
<del></del>	9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
Kenne	eth J. Ackerman			en B. Strange ddress (P.O. Box Number is Not Acceptable)	·	
514 N. Baylen Street			82 Street A	ddress (P.O. Box Number is Not Acceptable) 75 Southridge Drive		
	cola, FL 32501		83	70 000		
	•		84 City	·	85 Zip Code	
			Mi	lton, Fl	<u>      12570</u> _9535	
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 objections of, Section 607.0505, Florida Statutes.						
agent. I a	rm familiar with, and accept the oblig	mons of, Section 607.0505, Florid	a Statutes.		3 4 4	
SIGNATURE	Signature, typed or printed name of registred ag	(NOTE: Or	ogistered Agent signature req	used when reinstational DATE	5.44	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE _	DPT	DELETE	1.1 TITLE		☐ Change ☐ Addition ÷	
NAME	Davy, John M.		1.2 NAME		8	
STREET ADDRESS	5527 Oakmont Drive	€	1.3 STREET ADDRESS		2E	
CITY-ST-ZIP	Pace, FL 32571	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
HAME	DVP Strange, Glen B.	O perese	2.2 NAME			
STREET ADDRESS	4000 0000000000000000000000000000000000	<u> </u>	2.3 STREET ADDRESS			
CITY-ST-7IP.	Pensacola, FL 325		2.4 CITY-ST-ZEP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME	•		
STREET ADDRESS	<u> </u>		3.3 STREET ADORESS	<del>-</del>		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
TITLE .		- Dettere	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 5.4 CITY-ST-ZIP	·	]	
CITY-ST-ZIP		DELETE	B.I TITLE		☐ Change ☐ Addition	
NAME	•		8.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		İ	
CrTY-ST-ZIP			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 eath; 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:

(850)

= 44