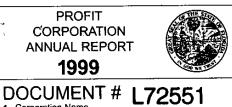
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 16, 1999 8:00 am Secretary of State 07-16-1999 90004 002 ***550.00

DUBOIS GROWERS, INC.							
			_				
Principal Place	of Business	M	ailing Address				I (MONING): Bil (MONIN (1901 DINN) DINN) REDE DEREL BIRN A DAY BIRN REDE BEREL BIRN BEREL BEREL BEREL BEREL BEREL
8421 STATE ROAD 7 P. O. BOX 3029							
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33424 US						DO NOT WRITE IN THIS SPACE	
		US)				3. Date Incorporated or Qualifed
							05/31/1990
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			6				65-0198960 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			7				5. Certificate of Status Desired Fee Required Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible
24	25 29 30			_			Personal Property Tax.
24	9. Name and Address of Currer	11		<u>, , , , , , , , , , , , , , , , , , , </u>			10. Name and Address of New Registered Agent
					81	Name	
SABERSON, ROGER G			* ;		82	Street Add	dress (P.O. Box Number is Not Acceptable)
70 SE 4 AVENUE DELRAY BEACH FL 33483			and the general process of the second of the			0110017101	
					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		, ,	Manager MOTE:	3acintocad	Agon	t eignature regun	ored when reinstating) DATE
12.	Signature, typed or printed name of registered age OFFICERS AN			13.	- Gon	t signatore requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TF	rue .		☐ Change ☐ Addition	
NAME	DUBOIS, E. WAYNE			1.2 NAME];
STREET ADDRESS	ALAL OTATE DOAD 7			1.3 STREET ADDRESS		ADDRESS) (
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CI	TY-S1	r-ZIP	
TITLE	V		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition ☐
NAME	DUBOIS, BRETT W.			2.2 NAME			
STREET ADDRESS			2.3 S1	REET	ADDRESS		
CITY-ST-ZIP			_		T-ZIP	Change Addition	
TITLE	S DUBOIO MADY O					·	
NAME	0000.0,		3.2 N/				
STREET ADDRESS	8421 STATE ROAD 7 BOYNTON BEACH FL					ADDRESS	
CITY-ST-ZIP	T DOTIVION DEACH FL		☐ DELETE	3.4. C		T-ZiP	Change Addition
NAME	DUBOIS, MONTE D.		<u> </u>	4. 2 N			
STREET ADDRESS	8421 STATE ROAD 7			L		ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CI			
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 N/	ME		
STREET ADDRESS				5.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				5.4 CI	TY-S1	r-zip	
TITLE			☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME				6.2 N	ME		
STREET ADDRESS				6.3 ST	REET	ADDRESS	
CITY-ST-7IP				6.4 CI	TY-S1	r-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 open attachment with an address, with all other like empowered.

SIGNATURE:

561-738-7510 Daytime Phone #