

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 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90027 020 \*\*\*150.00

DOCUMENT # L85199

1. Corporation Name

FLORICO FOLIAGE CORP.

Principal Place of Business  
888 E. Keene Road  
Apopka, Florida 32703  
USA

Mailing Address  
P.O. Box 990  
Apopka, Florida 32704  
USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/05/1990

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3019864

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Marks, Robert O.  
200 E. Robinson Street, Suite 865  
Orlando, Florida 32801

81 Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE p ☐ DELETE  
NAME McComas, Hugh g.  
STREET ADDRESS 503 Cerra Street  
CITY-ST-ZIP San Truce, PR

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME McComas, John M.  
STREET ADDRESS Garden Hills BlueHills  
CITY-ST-ZIP Guaynabo, PR

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME McComas, Nilda M.  
STREET ADDRESS 503 Cenna Street  
CITY-ST-ZIP San Truce, PR

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME McComas, James P.  
STREET ADDRESS 126 Ridgewood Drive  
CITY-ST-ZIP Longwood, FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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  
JAMES P. McComas

3-17-99 407-886-5004

Date

Daytime Phone #

CR2E034 (11/98)