

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93690

(9)

1. Corporation Name

THE CULTURED PLANT, INC.

Principal Place of Business

**% ROBERT S. COHEN
RT 2 BOX 24
ALACHUA FL 32615**

Mailing Address

**% ROBERT S. COHEN
RT 2 BOX 24
ALACHUA FL 32615**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2803241

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, ROBERT S.
1515 NW 7TH PLACE
GAINESVILLE FL 32603**

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 renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COHEN, LEWIS A.
STREET ADDRESS	19 RED BARN LN
CITY - ST - ZIP	RANDOLPH NJ
TITLE	PD
NAME	COHEN, ROBERT S.
STREET ADDRESS	RT. 2 BOX 24
CITY - ST - ZIP	ALACHUA FL
TITLE	D
NAME	GEORGLADIS, ALEX
STREET ADDRESS	RT. 2 BOX 24
CITY - ST - ZIP	ALACHUA FL
TITLE	S
NAME	COHEN, BARBARA
STREET ADDRESS	1515 N.W. 7TH PLACE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	ALLIN, TOM
STREET ADDRESS	RT 2 BOX 24
CITY - ST - ZIP	ALACHUA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
32 NAME	REMOVE, NO LONGER A DIRECTOR
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM ALLIN

4/26/95 (904) 462-1539