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FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32615-9603



3. Date Incorporated or Qualified
08/08/1988

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2903241

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. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 6212 W SR 235

Suite, Apt. #, etc.

22

City & State

23 ALACHUA FL

Zip

24 32615

Country

25 USA

2a. Mailing Address

26 ONE DAYLILY PLAZA

Suite, Apt. #, etc.

27

City & State

28 ALACHUA FL

Zip

29 32615

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

TOM ALLIN

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

11404 W SR 235

83

84 City

ALACHUA

FL

85 Zip Code

32615

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-installing)

DATE

TOM ALLIN, PRESIDENT

4/21/97

12. OFFICERS AND DIRECTORS

TITLE ~~SB~~ ☒ DELETE

NAME COHEN, BARBARA
STREET ADDRESS 1515 NW 7TH PLACE
CITY-ST-ZIP GAINESVILLE FL

TITLE PD ☐ DELETE

NAME COHEN, ROBERT S.
STREET ADDRESS RT. 2 BOX 24
CITY-ST-ZIP ALACHUA FL

TITLE TD ☐ DELETE

NAME ALLIN, TOM
STREET ADDRESS RT 2 BOX 24
CITY-ST-ZIP ALACHUA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 COHEN, ROBERT S.
2.3 STREET ADDRESS 1515 NW 7TH PLACE
2.4 CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME PD
3.3 STREET ADDRESS ALLIN, TOM
3.4 CITY-ST-ZIP P.O. Box 2163 NA
ALACHUA FL 32616

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME S/T
4.3 STREET ADDRESS SOLOMON, KENNETH
4.4 CITY-ST-ZIP P.O. Box 1814 NA
ALACHUA FL 32616

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 do 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

SIGNATURE:

KENNETH SOLOMON 4/21/97 (904)462-1539

CR2E034 (9/96)