

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90001 006 ***558.75

DOCUMENT # M93690

1. Corporation Name

THE CULTURED PLANT, INC.



Principal Place of Business

6212 W SR 235
ALACHUA FL 32615
US

Mailing Address

~~ONE DAYLILY PLAZA~~ 6212
ALACHUA FL 32615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6212 W SR 235

27 Suite, Apt. #, etc.

28 City & State

Alachua FL

29 Zip

32615

30 Country

USA

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 owes the current year
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

ALLIN, TOM
11404 W SR 235
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

Jackie R. BARRON

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

6212 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 obligations of, section 607.0503, Florida Statutes.

SIGNATURE

Jackie R. Barron

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

(NOTE: Registered Agent signature required when reinstating)

7/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☒ DELETE
NAME SOLOMON, KENNETH
STREET ADDRESS P.O BOX 1814 N/A
CITY-ST-ZIP ALACHUA FL 32616

TITLE D ☒ DELETE
NAME COHEN, ROBERT S.
STREET ADDRESS 807 RICHMOND STREET #G
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ~~SECRETARY~~ ☐ DELETE
NAME ALLIN, TOM
STREET ADDRESS P.O BOX 2163 N/A
CITY-ST-ZIP ALACHUA FL 32616

TITLE ~~Pres~~ ☐ DELETE
NAME Jackie R. Barron
STREET ADDRESS 6212 W SR 235
CITY-ST-ZIP Alachua, FL 32615

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Secretary
3.3 STREET ADDRESS Allin, Tom
3.4 CITY-ST-ZIP P.O Box 2163 N/A
Alachua, FL 32615

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Pres
4.3 STREET ADDRESS Jackie R
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Pres
5.3 STREET ADDRESS BARRON Jackie R,
5.4 CITY-ST-ZIP 6215 W SR 235
Alachua, FL 32615

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.

SIGNATURE:

Jackie R. Barron 7/15/99 904/462-1539

CR2E034 (5/99)