2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N09868 1. Entity Name SANTA ROSA COUNTY GROWER'S VEGETABLE MARKET, INC 04-30-2001 90318 032 ****61.25 Principal Place of Business Mailing Address 901 LEWIS RD 901 LEWIS RD MILTON FL 32570 MILTON FL 32570 3. Mailing Address 2. Principal Place of Business 11/170 5500 4/a Suite, Apt. #, eta Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE e Applied For -4. FEI Number City & State City & State 59-2695363 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHARLES G. KENNINGTON 901 LEWIS RD MILTON FL 32570 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PD Delete TITLE TITLE KENNINGTON, CHARLES G. NAME NAME STREET ADDRESS STREET ADDRESS 901 LEWIS RD CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MITCHUM, KENNETH NAME STREET ADDRESS STREET ADDRESS 9714 BRIDGE RD CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 TITLE ☐ Change ☐ Addition VŊ ☐ Delete TITLE NAME RIDDLES, ZANE NAME STREET ADDRESS STREET ADDRESS RT 6 BOX 144 CITY-ST-ZIP CITY-ST-ZIP MILTON FL Change ☐ Addition TITLE ☐ Delete TITLE MCDONALD, JAMES E. NAME NAME STREET ADDRESS STREET ADDRESS 8800 INDIAN FORD RD CITY-ST-ZIP CITY-ST-ZIP MILTON FL Delete Change ☐ Addition TITLE TITLE MUCHOW, ROBERT F NAME NAME STREET ADDRESS STREET ADDRESS 6100 CHEYENNE DR CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #