FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P12467** **(7)**

1. Corporation Name
SCM GLIDCO ORGANICS CORP.

Principal Place of Business
FOOT OF W. 61ST STREET
P.O. BOX 389
JACKSONVILLE FL 32201

Mailing Address
FOOT OF W. 61ST STREET
P.O. BOX 389
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified: **12/11/1986**
3a. Date of Last Report: **03/03/1995**

4. FEI Number: **51-0286861** — 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 Not Acceptable Unless Required Under Section 607.0505 and 607.1508 (NOTE: Registered Agent signature required when registered agent is filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROBBINS, GEORGE W.	
STREET ADDRESS	P.O. BOX 389,NA	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	☐ DELETE
NAME	FRIEDMAN, SAMUEL	
STREET ADDRESS	7 ST. PAUL STREET	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	T	☐ DELETE
NAME	LEE, ROBERT E.	
STREET ADDRESS	13 ELLWOOD ROAD	
CITY-ST-ZIP	E. BRUNSWICK NJ	
TITLE	D	☐ DELETE
NAME	HEMPSTEAD, GEORGE H. III	
STREET ADDRESS	46 MOULBERRY LANE	
CITY-ST-ZIP	COLTS NECK NJ	
TITLE	V	☐ DELETE
NAME	HEIJMANS, JOHN M	
STREET ADDRESS	8182 PINE LAKE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 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: [signature] 1/23/96 904-924-2863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)