

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 # P92000015481 (4)

1. Corporation Name
ORGANICS, INC.



Principal Place of Business
5411 ST HELENA RD
LAKE WALES FL 33853

Mailing Address
5411 ST HELENA RD
LAKE WALES FL 33853

3. Date Incorporated or Qualified
12/31/1992

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
59-3156263

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, TIM
5411 ST. HELENA ROAD
LAKE WALES FL 33853

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P
FORD, TIM
5411 ST. HELENA RD.
LAKE WALES FL
CITY- ST- ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

S
FORD, KATHY
5411 ST. HELENS RD.
LAKE WALES FL
CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

VP
FORD, TOMMY
P. O. BOX 567 N/A
EAGLE LAKE FL
CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ DELETE

61 TITLE
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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 941-439-3232
Date Daytime Phone #

CR2E034 (12/95)