

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 005 ***750.00

DOCUMENT # P92000015481

1. Corporation Name
ORGANICS, INC.

Principal Place of Business
5411 ST. HELENA ROAD
LAKES WALES FL 33853

Mailing Address
5411 ST. HELENA ROAD
LAKES WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1992

4. FEI Number
59-3156263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMPKINS, HOWARD C II
110 CENTRAL DRIVE
BRANDEN FL 33510-4320

81 Name Howard C. Tompkins, II
82 Street Address (P.O. Box Number is Not Acceptable)
1706 South Kings Ave
83
84 City Brandon FL 85 Zip Code 33511

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

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME FORD, TIM
STREET ADDRESS 5411 ST. HELENA RD.
CITY-ST-ZIP LAKE WALES FL 33853

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME FORD, KATHY
STREET ADDRESS 5411 ST. HELENS RD.
CITY-ST-ZIP LAKE WALES FL 33853

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME FORD, TOMMY
STREET ADDRESS 5411 ST. HELENA RD.
CITY-ST-ZIP LAKE WALES FL 33853

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME THOMPkins, HOWARD C II
STREET ADDRESS 110 CENTRAL DRIVE
CITY-ST-ZIP BRANDEN FL 33510-4320

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Howard C. Tompkins, II
4.3 STREET ADDRESS 1706 South Kings Ave
4.4 CITY-ST-ZIP Brandon, FL 33511-6216

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

88-685-7564

Daytime Phone #

CR2E034 (1/98)

0431326