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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021437 (7)

FLORIDA HOMEGROWN, INC.

Principal Place of Business

Mailing Address

## May 15 1998 8:00am Secretary of State



6136 EARL SAPP ROAD 6136 EARL SAPP ROAD PANAMA CITY FL 32404 PANAMA CITY FL 32404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1993 4. FÉI Number 2. Principal Place of Business 21 6018 COC Mailing Address Applied For 59-3229752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees **Trust Fund Contribution** 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCOON, CECILE M **36 OAK AVENUE** Street / B2 , Panama City Fl 32401 83 84 City 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 ature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1 1 TILLE Change Addition TITLE BAUMAN, REID 1.2 NAME NAME 6136 EARL SAPP ROAD STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32404 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 24P CITY-ST-ZIP ☐ Addition DELETE Change TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ■ Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

4-20 -28