

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

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Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90025 003 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000047420

1. Corporation Name
BLOOMINGDALE GROWERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3902 E BLOOMINGDALE BLVD VALRICO FL 33594
Mailing Address: 3902 E BLOOMINGDALE BLVD VALRICO FL 33594

3. Date Incorporated or Qualified: 06/28/1993

4. FEI Number: 59-3193537

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 owes the current year Intangible Personal Property Tax: 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: EDENFIELD, MICHAEL S, 206 MASON STREET, BRANDON FL 33511

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE: D | DAVIDSON, CHARLES L 3902 E BLOOMINGDALE VALRICO FL 33594 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | DAVIDSON, ANNIE M 3902 E BLOOMINGDALE VALRICO FL 33594 | 1.2 NAME | |
| TITLE: [] DELETE | | 1.3 STREET ADDRESS | |
| TITLE: [] DELETE | | 1.4 CITY-ST-ZIP | |
| TITLE: [] DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [] DELETE | | 2.2 NAME | |
| TITLE: [] DELETE | | 2.3 STREET ADDRESS | |
| TITLE: [] DELETE | | 2.4 CITY-ST-ZIP | |
| TITLE: [] DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE: [] DELETE | | 6.2 NAME | |
| TITLE: [] DELETE | | 6.3 STREET ADDRESS | |
| TITLE: [] DELETE | | 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: *Annie M Davidson* SIGNATURE REQUIRED
Date: Jan 11 1999 Daytime Phone #: 684 6923

CR2E034 (11/98)