

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90094 043 \*\*\*150.00

DOCUMENT # P94000077636

1. Corporation Name

PAHOKEE GROWERS, INC.

Principal Place of Business

876 FORESTERIA AVENUE  
WELLINGTON FL 33414

Mailing Address

4735 W. GRAND RIVER AVE  
LANSING MI 48906  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1994

4. FEI Number

38-3179158

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 240 SANTA LUCIA DRIVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 West Palm Beach, FL

24 Zip 33405 25 Country USA

27 City & State

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

BASORE, GREGORY R  
876 FORESTERIA AVENUE  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name BASORE Gregory R.

82 Street Address (P.O. Box Number is Not Acceptable)  
240 Santa Lucia Drive

83

84 City West Palm Beach FL 85 Zip Code 33405

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 Gregory R Basore, President (Gregory R Basore)

1/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD ☐ DELETE

NAME BASORE, GREGORY R.

STREET ADDRESS 4735 W. GRAND RIVER AVE

CITY-ST-ZIP LANSING MI

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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: Gregory R Basore, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (517) 886-6223

Date

Daytime Phone #

CR2E034 (11/98)