

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042102 (0)

1. Corporation Name

THE FLORIDA HERB FARM, INC.

Principal Place of Business

112 NORTH FLORIDA AVE.
DELAND FL 32720

Mailing Address

112 NORTH FLORIDA AVE.
DELAND FL 32720



3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7573 NORTHWEST 82ST

26 1613 LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MODLEY, FLORIDA

28 ENCINITAS, CA

Zip

Country

Zip

Country

24 33166

25 DADE

29 92024

30

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

TAYLOR, RICHARD W
112 NORTH FLORIDA AVE.
DELAND FL 32720

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 if not applicable)

(Note: Registered Agent signature required when re-stating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

12.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WILLIAMS, MEGAN
1613 LAKE DRIVE
ENCINITAS CA 92023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ALANIZ, CARLOS
1613 LAKE DRIVE
ENCINITAS CA 92023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BROZ, CHARLES
1613 LAKE DRIVE
ENCINITAS CA 92023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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TITLE
NAME
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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

CHARLES R. BROZ

4/23/96

(619) 942-5371

CR2E034 (12/95)