

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 22, 1999 8:00 am  
Secretary of State

02-22-1999 90084 048 \*\*\*150.00

DOCUMENT # P95000070324

1. Corporation Name

HOUSE OF ROGER PRODUCE, INC.

Principal Place of Business

2995 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884

Mailing Address

P. O. BOX 9214  
WINTER HAVEN FL 33880  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number

59-3339204

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 5582 Commercial Blvd.

2a. Mailing Address

26 PO Box 9214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Auburndale, FL

City & State

28 Winter Haven, FL

Zip

24 33823

Country

25 USA

Zip

29 33883

Country

30 USA

9. Name and Address of Current Registered Agent

BAIER, GERALD E  
6750 WINTERSET GARDENS RD  
WINTER HAVEN FL 33886

10. Name and Address of New Registered Agent

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 607.4608, 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

Gerald E. Baier

1-6-99

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 ☐ DELETE

NAME  
D BAIER, GERALD E  
STREET ADDRESS  
6750 WINTERSET GARDENS RD  
CITY-ST-ZIP  
WINTER HAVEN FL

TITLE ☒ DELETE

NAME  
D NALLEY, OTIS HAYNE  
STREET ADDRESS  
750 AVENUE L, N.W.  
CITY-ST-ZIP  
WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME  
ST TERRIE MERRILL  
STREET ADDRESS  
VAIL DRIVE  
CITY-ST-ZIP  
WINTER HAVEN FL

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  
Baier, Gerald E.  
1.3 STREET ADDRESS  
6750 Winterset Gardens Rd.  
1.4 CITY-ST-ZIP  
Winter Haven, FL 33884

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
Baier, Steven C.  
2.3 STREET ADDRESS  
5004 River Lake Rd.  
2.4 CITY-ST-ZIP  
Winter Haven, FL 33884

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
Merrill, Terrie L.  
3.3 STREET ADDRESS  
334 Vail Dr. SE  
3.4 CITY-ST-ZIP  
Winter Haven, FL 33884

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:

GERALD E. BAIER

1-6-99

(941) 965-0480

Date

Daytime Phone #

CR2E034 (11/98)