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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600003587 (8)

EVERGLADES NATIVE GROWERS, INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business 105 S NARCISSUS AVE STE 701 WEST PALM BEACH FL 33401		Mailing Address  105 S NARCISSUS AVE STE 701 WEST PALM BEACH FL 33401-5542			3. Date Incorporated or Qualified 3a. Date of Last Report		
					01/11/1996	1///	196
2. Principal Place	N //	2a. Mailing Address			4. FEI Number		Applied For
1/930	D" RO	26 1930 D	RO		65-0660100		Not Applicat
Suite, Apt #, et	С.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7 7	.75 Additional see Regulred
City & State	aTill64 PL	City & State	'ел	1=2		, ,	5.00 May Be
3 40× A11.	Country	Zip	Countr		Trust Fund Contribution  8. This corporation has liability for		dded to Fees
3347	O 25 WEST PALM BE	2129 33470	30 W	P.B.	Florida Statutes	]Yes ☐ No	
9.	Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
	H, BRUCE W JR		8	Name	JAMES FORD	)	
	IARCISSUS AVE STE 701		8	Street Ac	dress (P.O. Box Number is Not Acceptal	ole)	
WEST P	ALM BEACH FL 33401		a:	1 / 7	SO D RD	<del></del>	
			L				
			84	City	xa HATCH BE	FI  85	Zip Code
11. Pursuant to the	provisions of Sections 607.0502	2 and 607.1508, Florida Statu	les, the abo	ve-named co	progration submits this statement for the t	ourpose of chang	ging its registere
office or regist	ered agent, or both, in the State	of Florida, Such change was stiggs of Section 607 0505, FI	authorized to	by the corpo	ration's board of directors. I hereby acce	pt the appointme	ent as registered
	The second secon		Zures	Lin		403	197
Signa	A MR S FORD but typed a printed name of registered age	nt and little if applicable. (NO	TE Registered A	gen signalure re	quired when reinstaling)	DATE	<del>/</del>
2.	OFFICERS AND	NIDECTARE	40	,			
	OFFICEROANC		13.	·····	ADDITIONS/CHANGES TO OFFIC		
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4. I do 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 applitachment with an address

SIGNATURE

NATURE AND TYPED ON PRINTED HAME OF BIGNING OFFICER ON DIRECTOR

4/25/97 (561) 795-7933