

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90089 049 \*\*\*150.00

DOCUMENT # P96000003587

1. Corporation Name  
EVERGLADES NATIVE GROWERS, INC.

Principal Place of Business

1930 D RD  
LOXAHATCHER FL 33470  
US

Mailing Address

1930 D RD  
LOXAHATCHEE FL 33470  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

65-0660100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$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 Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

FORD, JAMES  
1930 D RD  
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name Diana Robinson PR.

82 Street Address (P.O. Box Number is Not Acceptable)

1930 D Road

83

84 City Loxahatchee

FL

85 Zip Code 33470

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: Diana Robinson 4-26-99  
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 D ☐ DELETE  
NAME ROBINSON, DAVID  
STREET ADDRESS 1930 D ROAD  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VD ☒ DELETE  
NAME IVES, JAYNE  
STREET ADDRESS 13298 82ND ST N  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☒ DELETE  
NAME FORD, JAMES  
STREET ADDRESS 1930 D RD  
CITY-ST-ZIP LOXAHATCHEE FL

TITLE S ☐ DELETE  
NAME ROBINSON, DIANA  
STREET ADDRESS 1930 D RD  
CITY-ST-ZIP LOXAHATCHEE FL 33470

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: Diana Robinson 4-26-99 561-795-7933  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)

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