2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 14, 2001 8:00 am Secretary of State DOCUMENT # P9600008225 1. Entity Name HIGH MARK FARMS, INC. 05-14-2001 90162 001 *1,411.25 Principal Place of Business Mailing Address 500 S FLORIDA AVE 500 S FLORIDA AVE SUITE 240 SHITE 240 43359 LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address 500.S, AFIlorida Ave, 4th Floor 500 S. Plorida Ave, 4th Floor DO NOT WRITE IN THIS SPACE akeland, Florida 33801 Lakeland, Florida 33801 Applied For 4. FEI Number City & State 59-3361249 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET **SUITÉ 1800** JACKSONVILLE FL 32202 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 500 S. Fiorida Ave, 4th Floor Change ☐ Delete TITLE LITA G HART NAME Lakeland, Florida 33801 STREET ADDRESS 500 S FLORIDA VE STE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 500 S. Florida Ave, 4th Floor Change Addition TITLE ☐ Delete TITLE HART, JOHN B NAME NAME Lakeland, Florida 33801 STREET ADDRESS 500 S FLORIDA AVE STE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 500 S. Florida Ave, 4th Floor **EVP** Change ☐ Addition ☐ Delete TITLE TITLE MARK R WELLS STREET ADDRESS Lakeland, Florida 33801 NAME STREET ADDRESS 500 S FLORIDA AVE STE 240 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empor

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O CER OR DIRECTOR

Daytime Phone

CR2E034 (10/00)