

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022614 (7)

1. Corporation Name

COLEMANS FARM MARKET, INC.

Principal Place of Business

13029 MEADOWBREEZE DR
WELLINGTON FL 33414

Mailing Address

13029 MEADOWBREEZE DR
WELLINGTON FL 33414

97 SEP 11 PM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 36 SEMINOLE PRATT
Suite, Apt. #, etc. WHITNEY ROAD

22 City & State
23 COXAHATCHEE, FLORIDA

24 Zip Country
25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0648538

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, JONATHAN P
13029 MEADOWBREEZE DR
WELLINGTON FL 33414

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME COLEMAN, JONATHAN P
STREET ADDRESS 13029 MEADOWBREEZE DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VTD
NAME COLEMAN, GAIL S
STREET ADDRESS 13029 MEADOWBREEZE DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
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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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002294535-1
-09/16/97-01657-019
****165.00 ****165.00

G. Alvar
9/11/97

14. 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 an attachment with an address.

CR2E034 (4/97)

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TO WHOM IT MAY CONCERN

WE NEVER RECEIVED OUR
FIRST NOTICE IN THE MAIL,
THEREFORE WE SHOULD NOT
BE PENALIZED FOR FILING AFTER
THE ORIGINAL DUE DATE, BECAUSE
OF CIRCUMSTANCES BEYOND OUR
CONTROL WHICH MUST HAVE
OCCURRED WITH THE POSTAL SERVICES.

THANK YOU

Donat Cole

FERTILIZERS PESTICIDES