

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 90092 015 ***150.00

DOCUMENT # P96000044883

1. Corporation Name

KNIGHT'S CERTIFIED ORGANICS, INC.

Principal Place of Business

1665 N. ED WELLS ROAD
WAUCHULA FL 33873

Mailing Address

1665 N. ED WELLS ROAD
WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

65-0677092

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 1565 N. Ed Wells Rd.

Suite, Apt. #, etc.

22

City & State

23 Wauchula, Florida

Zip

Country

24 33873

25 USA

2a. Mailing Address

26 1565 N. Ed Wells Rd

Suite, Apt. #, etc.

27

City & State

28 Wauchula, Florida

Zip

Country

29 33873

30 USA

9. Name and Address of Current Registered Agent

KNIGHT, CHARLES C. II
1655 N. ED WELLS ROAD
WAUCHULA FL 33873

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME KNIGHT, CHARLES C. III
STREET ADDRESS 1445 N. ED WELLS ROAD
CITY-ST-ZIP WAUCHULA FL 33873

TITLE VD ☐ DELETE

NAME KNIGHT, CHRISTOPHER D.
STREET ADDRESS 1440 N. ED WELLS ROAD
CITY-ST-ZIP WAUCHULA FL 33873

TITLE STD ☐ DELETE

NAME KNIGHT, CHARLES C. II
STREET ADDRESS 1665 N. ED WELLS ROAD
CITY-ST-ZIP WAUCHULA FL 33873

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

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

STD
Knight, Charles C. II
1565 N. Ed Wells Road
Wauchula, FL 33873

Please change
address in box #9

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 (941) 773-4716

04/7915

CR2E034 (1/98)