FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

APPROVED AND FILED

98 FEB -2 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000026077 (2)**

1. Corporation Name
FLORIDA SCRUB GROWERS, INC.

Principal Place of Business
~~4803 SOUTH HIMES AVENUE~~ 3210 W. Chapin Ave
TAMPA FL 33611

Mailing Address
~~4803 SOUTH HIMES AVENUE~~ 3210 W. Chapin Ave
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3210 W. Chapin Ave
Suite, Apt. #, etc.
22 Tampa, FL
City & State
23 33611
Zip
24
Country
25 USA

2a. Mailing Address
26 Same as #2
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
03/17/1997

4. FEI Number
☐ 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**

CASH, B. LESLIE
4803 SOUTH HIMES AVENUE
TAMPA FL 33611

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of individual and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASH, B. LESLIE		1.2 NAME	
STREET ADDRESS	~~4803 SOUTH HIMES AVENUE~~ 3210 W. Chapin Ave		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CASH, BERTHA M		2.2 NAME	
STREET ADDRESS	~~4803 SOUTH HIMES AVENUE~~ 3210 W. Chapin Ave		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	400002421044--4
STREET ADDRESS			3.3 STREET ADDRESS	-02/04/98--01116--003
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

A. Alan 2/2/98

CR2E034 (10/97)

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.

SIGNATURE _____ $43.75