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039013S

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000026077**

1. Corporation Name
FLORIDA SCRUB GROWERS, INC.

Principal Place of Business	Mailing Address
3210 W. CHAPIN AVE. TAMPA FL 33611	3210 W. CHAPIN AVE. TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1997

4. FEI Number
NOT APPLICABLE
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CASH, B. LESLIE
~~4803 SOUTH HIMES AVENUE~~ 3210 W. Chapin Ave
TAMPA FL 33611 Tampa, FL 33611

10. Name and Address of New Registered Agent

81 Name CASH, B. LESLIE SR
82 Street Address (P.O. Box Number is Not Acceptable) 3210 West Chapin Ave
84 City Tampa, FC 33611 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 B. Leslie Cash Sr 1-22-99
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	[ ] DELETE	11 TITLE
NAME	CASH, B. LESLIE		12 NAME
STREET ADDRESS	3210 WEST CHAPIN AVE.		13 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33611		14 CITY-ST-ZIP
TITLE	VSD	[ ] DELETE	21 TITLE [ ] Change [ ] Add
NAME	CASH, BERTHA M		22 NAME
STREET ADDRESS	3210 WEST CHAPIN AVE.		23 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33611		24 CITY-ST-ZIP
TITLE		[ ] DELETE	31 TITLE [ ] Change [ ] Add
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		[ ] DELETE	41 TITLE [ ] Change [ ] Add
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE [ ] Change [ ] Add
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Add
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

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****150.00 ****150.00

B. 1/26/99 99AR

CR2E034 (11/98)

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: B. Leslie Cash Sr 1/22/99 813 831 1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #