

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000044614 (0)**

1. Corporation Name  
**CALYX FARMS INC.**

Principal Place of Business

Mailing Address

**111 JEAN ST  
TAVARES FL 32778**

**111 JEAN ST  
TAVARES FL 32778**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/16/1997**

4. FEI Number

**59-3487142**

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

2. Principal Place of Business

2a. Mailing Address

**21 2627 McDONALD TERR**

**26 2627 McDONALD TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 MT DORA LAKE**

24 Zip

Country

**25 LAKE**

27 City & State

**28 MT DORA**

Zip

**29 32757**

Country

**30 LAKE**

9. Name and Address of Current Registered Agent

**ERNST, TIMOTHY  
111 JEAN ST  
TAVARES FL 32778**

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 ☐ DELETE  
NAME **TIMOTHY ERNST, PRESIDENT**  
STREET ADDRESS **2627 McDONALD TERRACE**  
CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ DELETE  
NAME **DAN UHLER, V.P.**  
STREET ADDRESS **1302 DORA DRIVE**  
CITY-ST-ZIP **LEESBURG, FL 32748**

TITLE ☐ DELETE  
NAME **NANCY ERNST, 2ND V.P.**  
STREET ADDRESS **2627 McDONALD TERRACE**  
CITY-ST-ZIP **MT DORA, FL 32757**

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

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.

SIGNATURE **Timothy Ernst**

**UHLER 2627 McDONALD**

CR2E034 (10/97)