

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE (\$750)).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000078065 (4)**  
1. Corporation Name  
**FLORIDA'S NATURAL GROWERS, INC.**

Principal Place of Business  
**650 US HWY 27 N  
LAKE WALES FL 33853**

Mailing Address  
**650 US HWY 27 N  
LAKE WALES FL 33853**

**FILED**

**98 DEC -1 PM 3:07**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

3. Date Incorporated or Qualified

**09/08/1997**

4. FEI Number

**59-3526336**

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

2. Principal Place of Business

**21 SAME AS ABOVE**

Suite, Apt. #, etc.

2a. Mailing Address

**26 SAME AS ABOVE**

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**KP&L SERVICES, INC.  
390 N ORANGE AVE, STE 600  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

**William J. Hendry**

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

**650 US Hwy 27 N**

83

84 City

**Lake Wales**

**FL**

85 Zip Code

**33853**

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

**WILLIAM J. HENDRY**

**TREASURY**

**11/20/98**

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 **HUNT, FRANK**  
STREET ADDRESS **1015 SUNSET DRIVE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VD** ☐ DELETE  
NAME **LINCER, WALTER M.**  
STREET ADDRESS **4907 WILLOW BROOK CIRCLE**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **EVP** ☐ DELETE  
NAME **CARUSO, STEPHEN M**  
STREET ADDRESS **1355 SO SUMMERLIN AVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **HENDRY, WILLIAM J** ☐ DELETE  
NAME **4223 CONWAY PLACE CIRCLE**  
STREET ADDRESS **ORLANDO FL**  
CITY-ST-ZIP

TITLE **FVP** ☐ DELETE  
NAME **RALEY, WILLIAM L.**  
STREET ADDRESS **LAKE ELOISE DRIVE**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **SD** ☐ DELETE  
NAME **VELEY, HUGH**  
STREET ADDRESS **P.O. BOX 1005 N/A**  
CITY-ST-ZIP **LAKE PLACID FL**

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: **WILLIAM J. HENDRY**

**11/20/98 941 6761411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)