

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
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90005 027 ***550.00

DOCUMENT # P97000078065

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3520336

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 ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRY, WILLIAM J
650 US HIGHWAY 27
LAKE WALES FL 33853

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HUNT, FRANK
STREET ADDRESS 1015 SUNSET DRIVE
CITY-ST-ZIP LAKE WALES FL 33853

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Hunt, Frank
1.3 STREET ADDRESS 952 Lakeshore Blvd
1.4 CITY-ST-ZIP Lake Wales, Florida 33853

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

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Lincer, Walter M.
2.3 STREET ADDRESS 4907 Willow Brook Circle
2.4 CITY-ST-ZIP Winter Haven, Florida

TITLE EVP ☐ DELETE
NAME CARUSO, STEPHEN M
STREET ADDRESS 1355 S. SUMMERLIN AVENUE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Hendry, William J.
4.3 STREET ADDRESS 4717 LakeGrove Lane
4.4 CITY-ST-ZIP Orlando, Florida 32806

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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:

WILLIAM J. HENDRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-99
Date

941.676.1411
Daytime Phone #

CR2E034 (11/98)