2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # **P9700078065** Entity Name **Secretary of State** FLORIDA'S NATURAL GROWERS, INC. Principal Place of Business Mailing Address 650 US HWY 27 N 650 US HWY 27 N LAKE WALES FL LAKE WALES FL33853 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3520336 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAM 650 US HIGHWAY 27 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL33853 US Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 04/30/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FVP TITLE ☐ Delete TITLE ☐ Addition MAME RALEY WILLIAM L NAME LAKE ELOISE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN \mathbf{FL} CITY-ST-ZIP Т ☐ Delete TITLE ☐ Change NAME HENDRY WILLIAM NAME STREET ADDRESS 171 LAKEGROVE LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition CARUSO STEPHEN NAME STREET ADDRESS 1355 S. SUMMERLIN AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FLCITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition LINCER WALTER NAME STREET ADDRESS 4907 WILLOW BROOK CIRCLE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUNT FRANK NAME STREET ADDRESS 952 LAKESHORE BLVD STREET ADDRESS CITY-ST-ZIP LAKE WALES 33853 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/30/2001

Date

Daytime Phone #

SIGNATURE: __Hendry, William J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)