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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000096945 (5)

1. Corporation Name

GARDEN OF EDEN GROCERY, CORP.

Principal Place of Business

444 N RIDGEWOOD DRIVE
SEBRING FL 33870

Mailing Address

444 N RIDGEWOOD DRIVE
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

65-0807385

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

9. Name and Address of Current Registered Agent

ESPINOZA, DINA F
444 N RIDGEWOOD DRIVE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

Ferreol J. SALAZAR

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

1019 N STATE RD 17 #1

83

84 City

SEBRING

FL

85 Zip Code

33870

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 of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ESPINOZA, DINA F
STREET ADDRESS 1803 SE LAKEVIEW DRIVE
CITY-ST-ZIP SEBRING FL 33870

TITLE VT ☐ DELETE

NAME SALAZAR, FERREOL J
STREET ADDRESS 1019 N STATE RD, 17 #1
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 JERSON F. SALAZAR

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

2.2 NAME FERREOL J. SALAZAR

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 in an attachment with an address.

SIGNATURE:

FERREOL SALAZAR

4/24/98

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