

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P9700010542**
1. Corporation Name
SUSTAINABLE AGRICULTURAL PRODUCTS, INC.

Principal Place of Business Mailing Address
5411 ST. HELENA RD. 5411 ST. HELENA RD.
LAKE WALES, FL 33853 LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/97

2. Principal Place of Business 2a. Mailing Address
21 **5411 ST. HELENA RD.** 26 **5411 ST. HELENA RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **LAKE WALES, FLORIDA** 28 **LAKE WALES, FLORIDA**
Zip Country Zip Country
24 **33853** 25 **USA** 29 **33853** 30 **USA**

4. FEI Number ☒ 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

9. Name and Address of Current Registered Agent

HOWARD C. TOMPKINS, II
110 CENTRAL DRIVE

BRANDON, FLORIDA 33510-4320

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	VICE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	ERNEST W. CALDWELL	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VP, GENERAL COUNSEL, DIRECTOR	
NAME	HOWARD C. TOMPKINS, II	
STREET ADDRESS	110 CENTRAL DRIVE	
CITY-ST-ZIP	BRANDON, FLORIDA 33510-4320	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	TIM FORD	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	BILLY JOHNSON	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> DELETE
NAME	BRITTANY F. JOHNSON	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	110 CENTRAL DRIVE
2.4 CITY-ST-ZIP	BRANDON, FLORIDA 33510-4320
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	100002523771
5.4 CITY-ST-ZIP	-05/14/98--01083--002
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PRESIDENT
6.3 STREET ADDRESS	TOM FORD
6.4 CITY-ST-ZIP	5411 ST. HELENA RD.
	LAKE WALES, FLORIDA 33853

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. 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 any attachment with an address.

HOWARD C. TOMPKINS, II 4/30/98 (813) 689-4437

CR2E034 (1097)