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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90165 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000029427

1. Corporation Name  
ORGANIC DELIVERY, INC.

Principal Place of Business  
1476 SAN JULIENE CIRCLE  
ST AUGUSTINE FL 32086

Mailing Address  
1476 SAN JULIENE CIRCLE  
ST AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

59-3502800

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2185 S. AIA

Suite, Apt. #, etc.

22 ST. Augustine Florida

City & State

23 Zip 32084

Country

2a. Mailing Address

26 2401 HYDRANGEA ST.

Suite, Apt. #, etc.

27 ST. Augustine Florida

City & State

28 Zip 32084

Country

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

David Smith

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

2401 HYDRANGEA STREET

83

84 City

ST. Augustine

FL

85 Zip Code

32084

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 DAVID SMITH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME SMITH, DAVID N  
STREET ADDRESS 1476 SAN JULIENE CIRCLE  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE SVD ☐ DELETE  
NAME RODGERS, SANDRA J  
STREET ADDRESS 1476 SAN JULIENE CIRCLE  
CITY-ST-ZIP ST AUGUSTINE FL 32086

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 PTD ☒ Change ☐ Addition  
1.2 NAME SMITH DAVID N  
1.3 STREET ADDRESS 2401 HYDRANGEA ST.  
1.4 CITY-ST-ZIP ST. AUGUSTINE FL. 32084

2.1 TITLE SVD ☒ Change ☐ Addition  
2.2 NAME RODGERS, SANDRA J.  
2.3 STREET ADDRESS 2401 HYDRANGEA ST.  
2.4 CITY-ST-ZIP ST. AUGUSTINE FL. 32084

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, with all other like empowered.

SIGNATURE: DAVID SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

904-461-3538

904-808-4708

Daytime Phone #

CR2E034 (1/98)