

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  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90018 035 \*\*\*150.00

DOCUMENT # P98000032607

1. Corporation Name

FLORIDA ORGANIC SALES, INC.



Principal Place of Business

4416 LAKE STREET  
LEESBURG FL 34748

Mailing Address

4416 LAKE STREET  
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number  
59-3512717

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

21 6313 105 AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 23 TURKEY CREEK  
Suite, Apt. #, etc.

City & State

23 ALACHUA

City & State

28 ALACHUA

Zip

24 32615

Country

25 ALACHUA

Zip

29 32615

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

KALAJIAN, HARRY  
4416 LAKE STREET  
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name KALAJIAN HARRY

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

83

84 City ALACHUA

FL

85

Zip Code 32615

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

HARRY KALAJIAN Harry Kalajian

DATE

3/29/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KALAJIAN, HARRY  
STREET ADDRESS 4416 LAKE STREET  
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ DELETE

NAME YOUNG, FAY  
STREET ADDRESS 10822 NW 199TH AVENUE  
CITY-ST-ZIP ALACHUA FL 32615

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  
1.3 STREET ADDRESS 23 TURKEY CREEK  
1.4 CITY-ST-ZIP ALACHUA 32615

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

HARRY KALAJIAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 9044624114

Date

Daytime Phone #

CR2F034 (11/98)