

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90001 005 \*\*\*750.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000063317**

1. Corporation Name

**FLORIDA ORGANICS, INC.**

Principal Place of Business <b>5411 ST. HELENA ROAD LAKE WALES FL 33853</b>	Mailing Address <b>5411 ST. HELENA ROAD LAKE WALES FL 33853</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/15/1998**

4. FEI Number

**Applied For**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**TOMPKINS, HOWARD C**  
**110 CENTRAL DRIVE**  
**BRANDON FL 33510**

10. Name and Address of New Registered Agent

81 Name **Howard C. Tompkins, Jr.**

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

**1706 South Kings Ave**

83

84 City

**Brandon**

FL

85 Zip Code

**33511**

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

**Howard C. Tompkins, Jr.**

Signature, typed or printed name of registered agent and type applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME

**FORD, TIM**

STREET ADDRESS

**5411 ST. HELENA ROAD**

CITY-ST-ZIP

**LAKE WALES FL 33853**TITLE **DST** ☐ DELETE

NAME

**FORD, TOM**

STREET ADDRESS

**BOX 77**

CITY-ST-ZIP

**BRYCEVILLE FL 32009**TITLE **DV** ☐ DELETE

NAME

**TOMPKINS, HOWARD C II**

STREET ADDRESS

**110 CENTRAL DRIVE**

CITY-ST-ZIP

**BRANDON FL 33510-4320**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

1.4 CITY-ST-ZIP

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:

**Howard C. Tompkins, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**

Date

**813-685-7564**

Daytime Phone

CR2E034 (1/98)