2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P99000049768 1. Entity Name TROPICAL GROWERS OF SOUTH FLORIDA. INC. 04-02-2001 90290 026 ***150 00 Principal Place of Business Mailing Address 288-Z SMITH SUNDY RD. 288-Z SMITH SUNDY RD. DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 3. Mailing Address 2. Principal Place of Business 14450 Smith Sundy Road 14450 Smith Sundy Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0925484 Delray Beach, Florida 33465 Delray Beach, Florida CSAA6 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 33446 USA 33446 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOMBACH, GEOFFREY S Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD., STE. 1950 FT.LAUDERDALE FL 33394 Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. **★** Change ☐ Addition ☐ Delete TITLE TITLE wolf, steven NAME 14450 Smith Sundy Road STREET ADDRESS 288-Z SMITH SUNDY RD. STREET ADDRESS Delray Beach, Florida 33446 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33446 **★**☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME WILCOX, GLEN NAME 14450 Smith Sundy Road STREET ADDRESS STREET ADDRESS 288-Z SMITH SUNDY RD. Delray Beach, Florida 33446 CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH FL 33446 Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. It 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 report or supplemental 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 to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Glen G. Wilcox

3/28/01

(561) 496-2205

☐ Change

☐ Addition

Daytime Phone #

CR2E034 (10/00)