APPROVED FILED
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97 DEC -5 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # S00984 (2)

1. Corporation Name
CARIBBEAN AGRICULTURE PROJECTS, INC.

Principal Place of Business	Mailing Address
1604 SMUGGLERS COVE CIRCLE GULF BREEZE FL 32561	1604 SMUGGLERS COVE CIRCLE GULF BREEZE FL 32561-9024

2. Principal Place of Business
21 311 Smith Cr
Suite, Apt. #, etc.
22
City & State
23 Gulf Breeze Fl
Zip
24 32561
25 Country

2a. Mailing Address
26 PO Box 235
Suite, Apt. #, etc.
27
City & State
28 Gulf Breeze Fl
Zip
29 32562
30 Country

3. Date Incorporated or Qualified: 09/18/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3050972 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SPONHEIMER, JON W.
1604 SMUGGLERS COVE CIRCLE
GULF BREEZE FL 32561

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

1000002295807--7
-12/10/97--01101--004
****165.00 ****165.00

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 Jon W Sponheimer — 5/1/97
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	DP ☐ DELETE
NAME	SPONHEIMER, JON W
STREET ADDRESS	~~1604 SMUGGLERS COVE CIRCLE~~ PO Box 235
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D ☐ DELETE
NAME	SPONHEIMER, DEBORAH M
STREET ADDRESS	~~1604 SMUGGLERS COVE CIRCLE~~ PO Box 235
CITY-ST-ZIP	GULF BREEZE FL 32561
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	PO Box 235	
1.4 CITY-ST-ZIP	Gulf Breeze FL 32562	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	PO Box 235	
2.4 CITY-ST-ZIP	Gulf Breeze FL 32562	
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		

O. Alan 12/5/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Deborah M Sponheimer — 904-934-1041

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POSTMASTER
UNITED STATES POSTAL SERVICE

UNITED STATES
POSTAL SERVICE

11-18-97

Division of Corporations
P O Box 6327
Tallahassee Fl 32314

Dear Sir,

Mrs. Sponheimer called conceming William Dejon Developer Inc. & Caribbean Agriculture Projects Inc. She placed a forward from 1604 Smugglers Cove to P O Box 235 in Gulf Breeze on 4-2-97 see enclosed. If we returned anything for the above mentioned companies or individuals after this date it was in error. If you have any questions feel free to contact me 1-850-932-2662.

Respectfully,

Mike L Bickers
Postmaster
Gulf Breeze Fl 32561-9998

The post master sent you a copy of this letter, what he failed to mention was that mail was also sent to different address.

Please see what you can do to help in this matter.

100 NORTHCLIFF DR
GULF BREEZE FL 32561-9998
1-850-932-2662
FAX: 1-850-934-0696