SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:35

DOCUMENT # V13556 (8)

1. Corporation Name

TIDEWATER GROWERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 488 LAKE PLACID FL 33852	P.O. BOX 488 LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1992
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): 1201 Hereford Road

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):

City & State (23):
City & State (28): Ruskin, FL

Zip (24):
Country (25):
Zip (29): 33570
Country (30):

4. FEI Number: 59-3126482 ☐ 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

DURRANCE, WILLIAM A.
300 LOST LAKE DRIVE
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name: William A. Durrance
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hereford Road
83:
84 City: Ruskin FL 85 Zip Code: 33570

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: X William A. Durrance 6/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DURRANCE, WILLIAM A	12 NAME	Durrance, William A.	
STREET ADDRESS	1201 HERESON RD	13 STREET ADDRESS	1201 Hereford Road	
CITY-ST-ZIP	RUSKIN FL	14 CITY-ST-ZIP	Ruskin, FL 33570	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	DURRANCE, WILLIAM A	22 NAME	Durrance, William A.	
STREET ADDRESS	1201 HERESON RD	23 STREET ADDRESS	1201 Hereford Road	
CITY-ST-ZIP	RUSKIN LF	24 CITY-ST-ZIP	Ruskin, FL 33570	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	DURRANCE, WILLIAM A	32 NAME	Durrance, William A.	
STREET ADDRESS	1201 HERESON RD	33 STREET ADDRESS	1201 Hereford Road	
CITY ST ZIP	RUSKIN FL	34 CITY-ST-ZIP	Ruskin, FL 33570	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DURRANCE, WILLIAM A	42 NAME		
STREET ADDRESS	1201 HEREFORD RD	43 STREET ADDRESS		
CITY ST ZIP	RUSKIN FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X William A. Durrance 6/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0150436 FP