

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

DOCUMENT # V13556

1. Corporation Name

TIDEWATER GROWERS, INC.

Principal Place of Business

P.O. BOX 488  
LAKE PLACID FL 33852

Mailing Address

1201 HEREFORD RD  
RUSKIN FL 33570  
US

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90017 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1992

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1920 Lightfoot Road  
Suite, Apt. #, etc.

2a. Mailing Address

26 1920 Lightfoot Road  
Suite, Apt. #, etc.

City & State

23 Wimauma FL

City & State

28 Wimauma FL

Zip Country

24 33598 25

Zip Country

29 33598 30

9. Name and Address of Current Registered Agent

DURRANCE, WILLIAM A  
1201 HEREFORD RD  
RUSKIN FL 33570

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME DURRANCE, WILLIAM A  
STREET ADDRESS 1201 HEREFORD RD  
CITY-ST-ZIP RUSKIN FL

TITLE VD  
NAME DURRANCE, WILLIAM A  
STREET ADDRESS 1201 HEREFORD RD  
CITY-ST-ZIP RUSKIN FL

TITLE SD  
NAME DURRANCE, WILLIAM A  
STREET ADDRESS 1201 HEREFORD RD  
CITY-ST-ZIP RUSKIN FL

TITLE TD  
NAME DURRANCE, WILLIAM A  
STREET ADDRESS 1201 HEREFORD RD  
CITY-ST-ZIP RUSKIN FL

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 ☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1920 Lightfoot Road  
1.4 CITY-ST-ZIP Wimauma, FL 33598

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1920 Lightfoot Road  
2.4 CITY-ST-ZIP Wimauma, FL 33598

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 1920 Lightfoot Road  
3.4 CITY-ST-ZIP Wimauma, FL 33598

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 1920 Lightfoot Road  
4.4 CITY-ST-ZIP Wimauma, FL 33598

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2F034 (11/98)