

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995			FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 8/1/1995 - 1 PM 2:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V25087 <small>1. Corporation Name:</small> COOL SIDE GROWERS, INC.		(0)			
Principal Place of Business: 2501 OLD LAKE WILSON RD. KISSIMMEE FL 34747 US		Mailing Address: 2501 OLD LAKE WILSON RD. KISSIMMEE FL 34747 US			
2. Previous Registered Address: 21 Suite Apt. # 000		28. Mailing Address: 26 1155 JOHN RIDGE CT. Suite Apt. # 000			
22 City & State		27 28 KISSIMMEE FL Zip: 29 34747 Country: 30 USA			
24 City & State		25			
9. Name and Address of Current Registered Agent RICHARDS, KERRY 1150 ROBERT RIDGE CT. KISSIMMEE FL 34747					
10. Name and Address of New Registered Agent 81 Name: DOUGLAS HEVENOR 82 Street Address (P.O. Box Number Is Not Acceptable): 1155 JOHN RIDGE CT 83 84 City: KISSIMMEE FL Zip Code: 34747					
11. Please check the appropriate box before Sections 507 and 607 (1995) Florida Statutes. The above named corporation submits the statement for the purpose of changing its registered office or registered agent or name in the state of Florida. (Kerry Richards was authorized by the corporation's board of directors to file this document.) This is not the appointment of a registered agent. I am signing with the intent to change my name to the above listed name in the 1995 Florida Statutes.					
SIGNATURE: PD. DOUGLAS HEVENOR. 04/20/95					
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995			
PD NAME: HEVENOR, DOUGLAS 1155 JOHN RIDGE CT KISSIMMEE FL	1. NAME 2. OTHER ADDRESS 3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD NAME: WATSON, MERVYN 2501 OLD LAKE WILSON RD. KISSIMMEE FL	4. NAME 5. OTHER ADDRESS 6. CITY & STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	7. NAME 8. OTHER ADDRESS 9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	10. NAME 11. OTHER ADDRESS 12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	13. NAME 14. OTHER ADDRESS 15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	16. NAME 17. OTHER ADDRESS 18. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	19. NAME 20. OTHER ADDRESS 21. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	22. NAME 23. OTHER ADDRESS 24. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	25. NAME 26. OTHER ADDRESS 27. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NAME: NAME	28. NAME 29. OTHER ADDRESS 30. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 507 (1995) Florida Statutes. I further certify, that the information included on this annual report or supplemental annual report is true and accurate and that my signature identifies the same legal officer and/or director that appears in Block 1 or Block 2 in the name of my corporation, and that my name appears in Block 1 or Block 2 in the name of my corporation, with no address.					04/20/95 (407)3517 004
SIGNATURE: PD <small>SIGNATURE AND TITLE OR POSITION OF DIVISION OF CORPORATIONS DIRECTOR</small> DOUGLAS HEVENOR					0376013 CP