

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUN -7 AM 9:40

SECRETARY OF STATE
1117 N. GULF BLVD., FLORIDA

DOCUMENT # V58603 (4)
1. Corporation Name
EAST SIDE FARMER'S MARKET AND PLANTS, INC.

Principal Place of Business Mailing Address
3148 ELIZA DR 3148 ELIZA DR
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1992 3a. Date of Last Report 06/09/1994
4. FEI Number 59-3081321 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

2. Principal Place of Business 2a. Mailing Address
21 3497 Mahan Drive 26 3497 Mahan Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tallahassee FL 28 Tallahassee FL
Zip Country Zip Country
24 32308 25 Leon 29 30

ROLLINS, LUCY M
3148 ELIZA DR
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

01 Name Alveria H. Jordan
02 Street Address (P.O. Box Number is Not Acceptable) 3148 Eliza Drive
03
04 City Tallahassee FL 05 Zip Code 32308

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

Alveria H. Jordan

05-15-95

(Signature of person or persons authorized to act as agent and then if applicable)

(NOTE: Registered Agent signature required when registered)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	ROLLINS, CHARLES H	2. NAME	
STREET ADDRESS	3148 ELIZA DR	3. STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	ROLLINS, SEAN H	22. NAME	100001509381
STREET ADDRESS	3148 ELIZA DR	23. STREET ADDRESS	-06/09/95--01013--023
CITY, ST, ZIP	TALLAHASSEE FL	24. CITY, ST, ZIP	****200.00 ****200.00
TITLE	D	31. TITLE	☐ Change ☐ Addition
NAME	ROLLINS, LUCY M	32. NAME	
STREET ADDRESS	3148 ELIZA DR	33. STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	34. CITY, ST, ZIP	
TITLE	D	41. TITLE	☐ Change ☐ Addition
NAME	JORDAN, ALVERIA H	42. NAME	
STREET ADDRESS	3148 ELIZA DR	43. STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE 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	

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 110.07(3)(b), 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:

Charles H. Rollins

4-27-95

904-656-7683

(Signature and typed or printed name of signing officer or director)