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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 738564 (4)
1. Corporation Name
THE FLORIDA GRAPE GROWERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
215 N. 1ST STREET LAKE WALES FL 33853
215 N. 1ST STREET LAKE WALES FL 33853-4134

3. Date Incorporated or Qualified 04/05/1977
3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-1745951 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
STEPHANY, S.J.
215 N. 1ST STREET
LAKE WALES FL 33853

10. Name and Address of New Registered Agent
81 Name BYRON BIDDLE
82 Street Address (P.O. Box Number is Not Acceptable) 215 N. 1ST ST.
83
84 City LAKE WALES FL 85 Zip Code 33853

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Byron Biddle President DATE 2/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE SD DELETE
NAME BATES, ROBERT P
STREET ADDRESS RM 349 FOOD SCIENCE & NUTRITION UF
CITY-ST-ZIP GAINSVILLE FL 32611
TITLE VD DELETE
NAME NORDMANN, WILLIAM J.
STREET ADDRESS PO BOX 621 N/A
CITY-ST-ZIP DELAND FL 32721-0621
TITLE TD DELETE
NAME LANGE, ARTHUR
STREET ADDRESS PO BOX 580430
CITY-ST-ZIP MONTVERDE FL 34756
TITLE PD DELETE
NAME STEPHANY, S.J.
STREET ADDRESS 215 N. 1ST STREET
CITY-ST-ZIP LAKE WALES FL 33853
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
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME TD STEPHANY, S.J.
3.3 STREET ADDRESS 215 N. 1ST ST.
3.4 CITY-ST-ZIP LAKE WALES FL 33853
4.1 TITLE Change Addition
4.2 NAME PD BYRON BIDDLE
4.3 STREET ADDRESS 215 N. 1ST ST.
4.4 CITY-ST-ZIP LAKE WALES FL 33853
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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Byron Biddle President DATE 2/10/97 904 535 4923
Signature, typed or printed name of signing officer or director Daytime Phone # 0053829

CR2E037 (9/96)