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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738564 (4)
 1. Corporation Name
THE FLORIDA GRAPE GROWERS ASSOCIATION, INC.



Principal Place of Business 215 N. 1ST STREET LAKE WALES FL 33853	Mailing Address 215 N. 1ST STREET LAKE WALES FL 33853
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3. Date Incorporated or Qualified 04/05/1977	
4. FEI Number 59-1745951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BYRON BIDDLE
215 N. 1ST STREET
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BATES, ROBERT P	
STREET ADDRESS	RM 349 FOOD SCIENCE & NUTRITION UF	
CITY-ST-ZIP	GAINSVILLE FL 32611	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NORDMANN, WILLIAM J.	
STREET ADDRESS	PO BOX 621 N/A	
CITY-ST-ZIP	DELAND FL 32721-0621	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHANY SJ	
STREET ADDRESS	215 N 1ST ST	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BYRON BIDDLE	
STREET ADDRESS	215 N 1ST ST	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD GEORGE ROWIE
2.3 STREET ADDRESS	215 N 1ST ST.
2.4 CITY-ST-ZIP	LAKE WALES, FL 33853
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD GARY COX
3.3 STREET ADDRESS	215 N. 1ST ST.
3.4 CITY-ST-ZIP	LAKE WALES, FL 33853
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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* **Byron Biddle** 3/23/98 850 9045354933

CR2E037 (10/97)