FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 AM 8:51
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 790228 (1)

LAKE GARFIELD CITRUS COOPERATIVE

Principal Place of Business: ~~4900 80 FOOT ROAD P.O. BOX 957 BARTOW FL 33830~~

Mailing Address: ~~4900 80 FOOT ROAD P.O. BOX 957 BARTOW FL 33830~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1938
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-0140790 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 351 Ave K, SW	26 P.O. Box 1012
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Winter Haven, FL	28 City & State: Lake Wales, FL
24 Zip: 33880 — 25 County: Polk	29 Zip: 33859-1012 — 30 County: Polk

9. Name and Address of Current Registered Agent

SIKES, KENNETH W.
351 AVE. K, SW
WINTER HAVEN FL 33880

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COKER, A.V.	1.2 NAME	
STREET ADDRESS	805 SUNSET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARLEY, R.C.	2.2 NAME	
STREET ADDRESS	685 E.PEARL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WEAR, LEDLEY H.	3.2 NAME	
STREET ADDRESS	639 LAKE HOLLINGSWORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	SIKES, KEN	4.2 NAME	
STREET ADDRESS	351 AVENUE K, S.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Kenneth W. Sikes S-T — 4-27-95 — (813) 293-9679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth W. Sikes

0067880