

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # U00033 (4)

1. Corporation Name

FLORIDA TOMATO GROWERS EXCHANGE INC.



Principal Place of Business: 4401 E. COLONIAL DR. ORLANDO FL 32803
Mailing Address: P.O. BOX 140635 ORLANDO FL 32814-0635

3. Date Incorporated or Qualified: 03/10/1989
3a. Date of Last Report: 03/22/1995
4. FEI Number: 59-2935725
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
City & State: 27
City & State: 28
Zip: 24
Country: 25
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
HAWKINS, WAYNE
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

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: FL

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	D	<input type="checkbox"/> DELETE
NAME	GARGIULO, JEFFREY	
STREET ADDRESS	15000 OLD 41 NORTH	
CITY - ST - ZIP	NAPLES FL	
TITLE	DX D	<input type="checkbox"/> DELETE
NAME	STRANO, ROSARIO	
STREET ADDRESS	75 W. PALM DRIVE	
CITY - ST - ZIP	FLORIDA CITY FL	
TITLE	POX TD	<input type="checkbox"/> DELETE
NAME	HARLEE, PETER J	
STREET ADDRESS	P. O. BOX 8 (N/A)	
CITY - ST - ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIPMAN LARRY	
STREET ADDRESS	315 N. NEW MARKET RD.	
CITY - ST - ZIP	IMMOKALEE FL 33934	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEILL, DAVID	
STREET ADDRESS	2709 MCNEILL ROAD	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HAWKINS, WAYNE Carroll	
STREET ADDRESS	4401 E COLONIAL DR.	
CITY - ST - ZIP	ORLANDO FL 32814-0635	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dan McClure	
1.3 STREET ADDRESS	P.O. Box 936	
1.4 CITY - ST - ZIP	Palmetto, FL 34220	N/A
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		

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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)(k), 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: Carroll W. Hawkins 4/16/96 407-894-3071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carroll W. Hawkins, Exec. Vice-President

CR2E037 (12/95)