

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

APPROVED  
AND  
FILED

97 OCT -6 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # U00033 (4)**

1. Corporation Name  
**FLORIDA TOMATO GROWERS EXCHANGE INC.**

Principal Place of Business <b>4401 E. COLONIAL DR. ORLANDO FL 32803</b>	Mailing Address <b>P.O. BOX 140635 ORLANDO FL 32814-0635</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/10/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2935725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GARGIULO, JEFFREY</b>	
STREET ADDRESS <b>15000 OLD 41 NORTH</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>STRANO, ROSARIO</b>	
STREET ADDRESS <b>75 W. PALM DRIVE</b>	
CITY-ST-ZIP <b>FLORIDA CITY FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>HARLEE, PETER J</b>	
STREET ADDRESS <b>P. O. BOX 8 (N/A)</b>	
CITY-ST-ZIP <b>PALMETTO FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>LIPMAN LARRY</b>	
STREET ADDRESS <b>315 N. NEW MARKET RD.</b>	
CITY-ST-ZIP <b>IMMOKALEE FL 33934</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>NEILL, DAVID</b>	
STREET ADDRESS <b>2709 MCNEILL ROAD</b>	
CITY-ST-ZIP <b>FT. PIERCE FL</b>	
TITLE <b>EVP</b>	<input type="checkbox"/> DELETE
NAME <b>HAWKINS, WAYNE CARROLL</b>	
STREET ADDRESS <b>4401 E COLONIAL DR.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32814-0635</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>David Murrah</b>	<i>212 Jerome Drive</i>
1.3 STREET ADDRESS <b>P.O. Box 3207</b>	<i>Immokalee, FL</i>
1.4 CITY-ST-ZIP <b>Immokalee, FL 34143</b>	<i>34143</i>
2.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Dan McClure</b>	<i>530 5th Ave Dr W.</i>
2.3 STREET ADDRESS <b>P.O. Box 936</b>	<i>Palmetto, FL 34221</i>
2.4 CITY-ST-ZIP <b>Palmetto, FL 34220</b>	
3.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Peter Harlee, Jr.</b>	<i>2308 Hwy. 301 N</i>
3.3 STREET ADDRESS <b>P.O. Box 8</b>	<i>Palmetto, FL</i>
3.4 CITY-ST-ZIP <b>Palmetto, FL 34220</b>	<i>34221</i>
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 <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>David, Neill</b>	<i>D. Neill</i>
5.3 STREET ADDRESS <b>2709 McNeill Road</b>	<i>10/6/97</i>
5.4 CITY-ST-ZIP <b>Ft. Pierce, FL</b>	
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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (4/97)