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May 27, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # U00033

1. Corporation Name

FLORIDA TOMATO GROWERS EXCHANGE INC.

565484 - 90004 - 10

Principal Place of Business

4401 E. COLONIAL DR.  
ORLANDO FL 32803

Mailing Address

P.O. BOX 140635  
ORLANDO FL 32814-0635



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/10/1989

4. FEI Number

59-2935725

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE P  
NAME MURRAH, DAVID  
STREET ADDRESS 212 JEROME DRIVE  
CITY-ST-ZIP IMMOKALEE FL 34143

TITLE VP  
NAME MCCLURE, DAN  
STREET ADDRESS 530 5TH AVE. DRIVE W.  
CITY-ST-ZIP PALMETTO FL 34221

TITLE D  
NAME HARLEE, PETER J  
STREET ADDRESS 2308 HWY. 301 N.  
CITY-ST-ZIP PALMETTO FL 34221

TITLE SD  
NAME LIPMAN LARRY  
STREET ADDRESS 315 N. NEW MARKET RD.  
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE T  
NAME NEILL, DAVID  
STREET ADDRESS 2709 MCNEILL ROAD  
CITY-ST-ZIP FT. PIERCE FL

TITLE EVP  
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  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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Wayne Carroll Hawkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/99

Date

407-894-3071

Daytime Phone #

CR2E037 (11/98)