FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:24

DOCUMENT # 790825 (4)

1. Corporation Name
SUGAR CANE GROWERS COOPERATIVE OF FLORIDA

Principal Place of Business	Mailing Address
C/O JOHN W GRAY BOX 666 . WEST SUGARHOUSE ROAD BELLE GLADE FL 33430	C/O JOHN W GRAY BOX 666 . WEST SUGARHOUSE ROAD BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1960
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-0936222 ☐ 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	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

WARD, JEFFREY J.
WEST SUGARHOUSE ROAD
BOX 666
BELLE GLADE FL 33430

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	ARIAS, ENRIQUE	1.2 NAME	WILLIAM L. KRAMER	
STREET ADDRESS	253 WALTON HEATH DR	1.3 STREET ADDRESS	15485 ENSTROM ROAD	
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	KAUTZ, WALTER J	2.2 NAME		
STREET ADDRESS	4212 SW 94TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	APELGREN, ROBERT D	3.2 NAME		
STREET ADDRESS	505 GREENWAY DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	WEDGWORTH, GEORGE H	4.2 NAME		
STREET ADDRESS	PALM BEACH RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, FRITZ, JR.	5.2 NAME		
STREET ADDRESS	1800 NW AVE D	5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL	5.4 CITY-ST-ZIP		
TITLE	AST	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, JOHN W.	6.2 NAME		
STREET ADDRESS	13704 BARBERRY DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	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 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: John W. Gray , John W. Gray 1/16/95 (407) 996-4742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040200