FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 683448 (5)

1. Corporation Name
SOUTH BAY GROWERS, INC.

Principal Place of Business	Mailing Address
111 PONCE DE LEON AVE P.O. DRAWER 1207 CLEWISTON FL 33440	111 PONCE DE LEON AVE P.O. DRAWER 1207 CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 09/08/1980
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2034706 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCALLUM, JOHN T. 111 PONCE DE LEON AVE. CLEWINSTON FL 33440	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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	TERRILL, JAMES E	1.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	
TITLE	CAST	2.1 TITLE	☐ Change ☐ Addition
NAME	COFFMAN, STEPHEN V	2.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	FAIRBANKS, J. NELSON	3.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BUKER, ROBERT H., JR.	4.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	WADE, JR., MALCOLM S.	5.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	TAS	6.1 TITLE	☐ Change ☐ Addition
NAME	MCCALLUM, JOHN	6.2 NAME	
STREET ADDRESS	111 PONCE DE LEON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. V. C STEPHEN V. COFFMAN 4/12/95 (813) 983-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SOUTH BAY GROWERS, INC.
STATE OF FLORIDA
CORPORATION ANNUAL REPORT

ADDITIONAL OFFICERS

TITLE	V/GM	AT
NAME	GRACE, JERRY W.	CULBERSON, ROBERT W.
STREET ADDRESS	111 PONCE DE LEON AVE.	111 PONCE DE LEON AVE.
CITY–ST–ZIP	CLEWISTON, FL	CLEWISTON, FL
TITLE		
NAME		
STREET ADDRESS		
CITY–ST–ZIP		