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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 790825

1. Corporation Name

SUGAR CANE GROWERS COOPERATIVE OF FLORIDA

Principal Place of Business

C/O JOHN W GRAY
BOX 666, WEST SUGARHOUSE ROAD
BELLE GLADE FL 33430

Mailing Address

C/O JOHN W GRAY
BOX 666, WEST SUGARHOUSE ROAD
BELLE GLADE FL 33430



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/21/1960

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

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 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

TITLE VP
NAME KRAMER, WILLIAM L.
STREET ADDRESS 15485 ENSTROM ROAD
CITY-ST-ZIP WELLINGTON FL

DELETE

TITLE STD
NAME KAUTZ, WALTER J
STREET ADDRESS 4148 OTTAWA LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

DELETE

TITLE VD
NAME APELGREN, ROBERT D
STREET ADDRESS 505 GREENWAY DR
CITY-ST-ZIP N PALM BEACH FL

DELETE

TITLE PD
NAME WEDGWORTH, GEORGE H
STREET ADDRESS PALM BEACH RD
CITY-ST-ZIP BELLE GLADE FL

DELETE

TITLE VD
NAME STEIN, FRITZ, JR.
STREET ADDRESS 1800 NW AVE D
CITY-ST-ZIP BELLE GLADE FL

DELETE

TITLE AST
NAME GRAY, JOHN W.
STREET ADDRESS 13704 BARBERRY DR.
CITY-ST-ZIP WEST PALM BEACH FL

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

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

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/99

561 996 4742

Date

Daytime Phone #

CR2E037 (11/98)