

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# U00033

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1423529043**

**Entity Name:** FLORIDA TOMATO GROWERS EXCHANGE INC.

**Current Principal Place of Business:**

800 T RAFALGAR COURT  
SUITE 300  
MAITLAND, FL 32751

**Current Mailing Address:**

800 T RAFALGAR COURT  
SUITE 300  
MAITLAND, FL 32751

**FEI Number:** 59-2935725

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, REGINALD L  
800 T RAFALGAR COURT  
SUITE 300  
MAITLAND, FL 32751 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, PRESIDENT  
Name ENGLE, PATRICK  
Address P.O. BOX 2547  
City-State-Zip: FT. PIERCE FL 34954

Title SD  
Name CARPENTER, KERN  
Address 18285 S.W. 264TH STREET  
City-State-Zip: HOMESTEAD FL 33031

Title TD  
Name SULLIVAN, MIKE  
Address 15000 OLD 41 NORTH  
City-State-Zip: NAPLES FL 34110

Title EVP  
Name BROWN, REGINALD L  
Address 800 TRAFALGAR COURT, SUITE 300  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR, VP  
Name DIMARE, TONY  
Address P.O. BOX 900460  
City-State-Zip: HOMESTEAD FL 33090

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** REGINALD L. BROWN

**EXECUTIVE VP**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date