

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042931

Entity Name: FLORIDA CLASSIC GROWERS, INC.**Current Principal Place of Business:**111 NORTH 1ST STREET
DUNDEE, FL 33838**Current Mailing Address:**PO BOX 1739
DUNDEE, FL 33838-1739 US**FEI Number:** 59-3724134**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHAAL, MARY
111 FIRST ST N.
DUNDEE, FL 33838 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	DS
Name	DUNSON, LESLIE WIII
Address	6745 WINTERSET GARDENS RD
City-State-Zip:	WINTER HAVEN FL 33884

Title	DT
Name	WHEELER, DAVID
Address	P.O. BOX 2715
City-State-Zip:	LAKE PLACID FL 33862

Title	D
Name	CALLAHAM, STEVEN B
Address	4334 EMERALD PALMS BLVD
City-State-Zip:	WINTER HAVEN FL 33884

Title	CD
Name	RALEY, WILLIAM LJR
Address	208 PALMOLA STREET
City-State-Zip:	LAKELAND FL 33803

Title	AST
Name	SCHAAL, MARY
Address	235 SIXTH STREET NW UNIT 604
City-State-Zip:	WINTER HAVEN FL 33881

Title	PRES
Name	FINCH JR, GENE A
Address	206 MIRAMAR DRIVE
City-State-Zip:	LAKELAND FL 33803

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENE A FINCH JR.**PRESIDENT****01/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date