

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90164 003 ***483.75

DOCUMENT # 004242

1. Corporation Name
SEALD-SWEET GROWERS, INC.

Principal Place of Business

1991 74TH AVENUE
P.O. BOX 6152 690152
VERO BEACH FL 32961

Mailing Address

1991 74TH AVENUE
P.O. BOX 6152 690152
VERO BEACH FL 32961

32969-0152

32969-0152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1909

4. FEI Number

59-0245960

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BAER, KENNETH A
1991 74TH AVENUE
VERO BEACH FL 32966

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

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 D ☐ DELETE
NAME EDWARDS, RONALD
STREET ADDRESS 536 POINT LANE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☐ DELETE
NAME FISCHER, EVERETTE
STREET ADDRESS 131 MAGNOLIA STREET
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ DELETE
NAME FORT, RICHARD A JR
STREET ADDRESS 500 N.E. 5TH STREET
CITY-ST-ZIP FORT MEADE FL 33841

TITLE D ☐ DELETE
NAME GATES, PHILIP C SR
STREET ADDRESS 2323 SOUTH INDIAN RIVER DRIVE
CITY-ST-ZIP FT. PIERCE FL 34950

TITLE D ☐ DELETE
NAME GRIFFIN, BEN H III
STREET ADDRESS 700 SOUTH ALTERNATE HIGHWAY 27
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE D ☐ DELETE
NAME HAMNER, GEORGE F JR
STREET ADDRESS 995 SANDFLY LANE
CITY-ST-ZIP VERO BEACH FL 32963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME SEXTON, ROBERT G
1.3 STREET ADDRESS 4650 17TH STREET SW
1.4 CITY-ST-ZIP VERO BEACH, FL.

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME HUNT III, FRANK M
2.3 STREET ADDRESS 803 N. LAKESHORE BLVD
2.4 CITY-ST-ZIP LAKE WALES, FL. 33853

3.1 TITLE DIRECTOR, PRESIDENT ☐ Change ☒ Addition
3.2 NAME JOHN LUTHER
3.3 STREET ADDRESS 555 HIGHWAY A1A
3.4 CITY-ST-ZIP VERO BEACH, FL 32963

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME JAMES L. PERCY
4.3 STREET ADDRESS 1102 PASEO AVENUE
4.4 CITY-ST-ZIP FT. PIERCE, FL 34982

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME SCHIRARD, J. BRANTLEY
5.3 STREET ADDRESS 1108 TRINIDAD AVENUE
5.4 CITY-ST-ZIP FT. PIERCE, FL. 34982

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME SCHUMACHER, CHARLES R
6.3 STREET ADDRESS 523 PEAR STREET
6.4 CITY-ST-ZIP SEBRING, FL 33870

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 607, 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

3/9/99

Date

EXT 154

561-569-2244

Daytime Phone #

CR2E034 (1/1/98)

0521332