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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(8)

1. Corporation Name **GROWERS MARKETING SERVICE INC**

GROWERS MARKETING S	ERVICE INC	
Principal Place of Business	Mailing Address	
3825 S. FLORIDA AVE P. O. BOX 2595 LAKELAND FL 33813-1109	3825 S. FLORIDA AVE P. O. BOX 2595 LAKELAND FL 33813-1109	3. Date Incorporated or Qualified

2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired \$\begin{array}{cccccccccccccccccccccccccccccccccccc									3.	09/23/1949	03	/27/19	995
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Country Zip Country 25 29 Name and Address of Current Registered Agent WARD JR,W R 3825 S. FLORIDA AVE LAKELAND FL 33801 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8,75 Additional Fee Required Fee Required \$5,00 May Be Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 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	Z. Filiopar lace of basiness						4.				Not Applicable		
City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Florida Statutes Yes No Name and Address of New Registered Agent 81 Name WARD JR,W R 3825 S. FLORIDA AVE LAKELAND FL 33801 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	ii)	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired	7		
Zip Country Zip Country 30 Statutes Sta	:2]	City & State			City & State								
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Name WARD JR,W R 3825 S. FLORIDA AVE LAKELAND FL 33801 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code		Zip	<u>-</u> -		Zip		ntry			Florida Statutes 🔲 Yes	□ No_		s 199.032,
WARD JR,W R 3825 S. FLORIDA AVE LAKELAND FL 33801 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code	/d1 23 \ <u> </u>					1441	10. Name and Address of New Registered Agent						
3825 S. FLORIDA AVE LAKELAND FL 33801 84 City FL 85 Zip Code		9, 110	alla pidarece al carr				81	Name					
LAKELAND FL 33801 84 City FL 85 Zip Code	3825 S. FLORIDA AVE				82 Street Address (P.O. Box Number is Not Acceptable)								
							84	City					

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.

GNATURE _	Stanature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required v	when reinstating): DATE
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLF	PT DELETE	1. 1 TITLE	☐ Change ☐ Addition
AMê	WARD, W R, JR	1.2 NAME	
REET ADDRESS	2311 HAWTHORNE TRAIL	1.3 STREET ADDRESS	
TY-S1-ZIP	LAKELAND, FL 00000	1.4 CITY - S1 - ZIP	☐ Change ☐ Additio
ILE	SD OELETE	2 1 TITLE	Change Additio
AME	GORDON, DOROTHY A.	2.2 NAME	
THEET ADDRESS	5026 N. SOCRUM LOOP	2.3 STREET ADDRESS	
TY - ST- ZIP	LAKELAND FL	24 CITY-ST-ZIP	☐ Change ☐ Additio
TLE	Corp. Secretary	É L 3. 1 TITLE	Citalige [] Notified
MF	Elaine B. Blevins	3 2 NAME	
REET ADDRESS	5115 N. Socrum Loop Rd. #385	33 STREET ADDRESS	
ITY - S1 - ZIP	Lakeland, FL 33809	3.4 CITY - ST - ZIP	☐ Change ☐ Additio
TLE	DELET	E 4. 1 TITLE	Citalitie Notific
AME		4.2 NAME	
REET ADDRESS		4 3 STREET ADDRESS	
11Y - ST - ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TLE	☐ DELE1	E 5 1 TITLE	Citalige Citation
AME		5.2 NAME	
TREET ADDRESS		53 STREET ADDRESS	
ITY - ST - ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addili
ITLE	DELET	E 6. 1 TITLE	Claufe Young
AME		6.2 NAME	
TREE I ADDRESS	*	6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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)(k), 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.

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