

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:22

DOCUMENT # 273830

(0)

1. Corporation Name

GLADES GROWERS, INC.

Principal Place of Business

PO BOX 1266
313 E. CRESCENT DRIVE
CLEWISTON FL 33440

Mailing Address

PO BOX 1266
313 E. CRESCENT DRIVE
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/18/1963	04/22/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applies For
23 City & State		28 City & State		59-1111998	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARSEN, ELLEN
313 E CRESCENT DR
CLEWISTON FL 33440

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) Agent or person named as registered agent and time of signature

(Signature) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	
NAME	LARSEN, ELLEN	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	313 EAST CRESCENT DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLEWISTON FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, ERIK C	2.2 NAME	
STREET ADDRESS	243 W PARK AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	2.4 CITY- ST- ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, KARL E.	3.2 NAME	
STREET ADDRESS	1001 S.E. 2ND STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	BELLE GLADE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(6)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Larsen
Ellen Larsen

2/10 - 1995