FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN -7 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # d80566

1. Corporation Name
Clewiston Cane Growers Inc.

Principal Place of Business
1001 South East 2Nd STreet
Belle Glade FL 33430

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/17-1964
3a. Date of Last Report: 4/14-1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 541446028 — Applied For / Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip — 24 — Country — 25
Zip — 29 — Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARSEN, KARL E.
1001 SOUTHEAST SECOND STREET
BELLE GLADE FL 33430

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 or Sections 617. the above-named corporation submits this statement for the purpose of changing its registered office for the purpose of changing its registered office or registered agent, or both, in by the corporation's board of directors. I hereby accept the appointment as registered agent. I am I hereby accept the appointment as registered agent. I am familiar with, and acc

SIGNATURE (Registered Agent Accepting Appointment) (Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 ADDRESS 14 CITY ST ZIP	D/S/T LARSEN, ELLEN 313 E CRESCENT DR CLEWISTON, FL 00000	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition 200001509452 -06/09/95--01022--012 ****225.00 ****225.00
21 TITLE 22 NAME 23 ADDRESS 24 CITY ST ZIP	T/D/P LARSEN, KARL E 1001 S E 2ND ST BELLE GLADE, FL 00000	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 ADDRESS 34 CITY ST ZIP	D LARSEN, ERIK C 243 W. PARK AVE. WINTER PARK, FL 00000	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 ADDRESS 44 CITY ST ZIP	D LARSEN, JOY 1001 S E 2ND ST BELLE GLADE, FL 00000	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 ADDRESS 54 CITY ST ZIP	S LARSEN, KARL E 1001 S E 2ND ST BELLE GLADE, FL 00000	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 ADDRESS 64 CITY ST ZIP	T/D/P LARSEN, KARL E 1001 SOUTHEAST SECOND ST BELLE GLADE, FL 00000	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition KL

[illegible] 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.

SIGNATURE: Ellen Larsen — 5/3-1995 — 813-983-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #