

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **280566** (1)
1. Corporation Name
CLEWISTON CANE GROWERS, INC.



Principal Place of Business 1001 SOUTHEAST SECOND STREET BELLE GLADE FL 33430	Mailing Address 1001 SOUTHEAST SECOND STREET BELLE GLADE FL 33430
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Box 1266 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1266 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/17/1964	3a. Date of Last Report 01/30/1996
22 City & State 23 Clewiston FL		27 City & State 28 Clewiston, FL		4. FEI Number 54-1446028	Applied For Not Applicable
24 Zip 33440		25 Country Hondry		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 Zip 33440		30 Country Hondry		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, 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 *Karl E. Larsen* President DATE *7/25/97*
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, ELLEN	1.2 NAME	
STREET ADDRESS	313 E CRESCENT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TDP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, KARL E	2.2 NAME	
STREET ADDRESS	1001 S E 2ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, ERIK C	3.2 NAME	
STREET ADDRESS	243 W. PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, JOY	4.2 NAME	
STREET ADDRESS	1001 S E 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, KARL E	5.2 NAME	
STREET ADDRESS	1001 S E 2ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TDP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, KARL E	6.2 NAME	
STREET ADDRESS	1001 SOUTHEAST SECOND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 00000	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Karl E. Larsen* President DATE *7/25/97* *941 983 8011*

CR2E034 (4/97)