

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

**FILED**

**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 455088 (5)**

1. Corporation Name  
**JEFFERSON GROWERS, INC.**



Principal Place of Business <b>765 E. WASHINGTON                  P. O. BOX 160                  MONTICELLO FL 32345-0160                  US</b>	Mailing Address <b>765 E. WASHINGTON                  P. O. BOX 160                  MONTICELLO FL 32345-0160                  US</b>
--	--

3. Date Incorporated or Qualified <b>06/19/1974</b>	3a. Date of Last Report <b>04/15/1996</b>
--	--

21. Principal Place of Business <b>US Hwy 19 South</b> Suite, Apt. #, etc. <b>PO Box 160</b> City & State <b>Monticello FL</b> Zip <b>32345</b>	22. Mailing Address <b>US Hwy 19 South</b> Suite, Apt. #, etc. <b>PO Box 160</b> City & State <b>Monticello, FL</b> Zip <b>32345</b>	23. Country <b>USA</b>	24. Country <b>USA</b>
--	---	---------------------------	---------------------------

4. FEI Number <b>59-1544774</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BIRD, T. BUCKINGHAM  
 220 SOUTH CHERRY STREET  
 MONTICELLO FLORIDA 32344**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>VOYLES, L. O.</b>	
STREET ADDRESS	<b>765 E. WASHINGTON STREET</b>	
CITY - ST - ZIP	<b>MONTICELLO FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>SAWYER, CAROLYN A.</b>	
STREET ADDRESS	<b>765 E. WASHINGTON ST.</b>	
CITY - ST - ZIP	<b>MONTICELLO FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>BESHEARS, FRED H.</b>	
STREET ADDRESS	<b>765 E. WASHINGTON ST.</b>	
CITY - ST - ZIP	<b>MONTICELLO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>US Hwy 19 South</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>US Hwy 19 South</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 19.07(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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)