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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

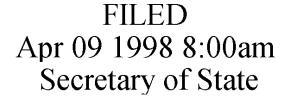
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(5)

JEFFERSON GROWERS, INC.



Principal Place of Business Mailing Address											
US HWY 19 SOUTH P O BOX 160 MONTICELLO FL 32345 US		US HWY 19 SOUTH P O BOX 160 MONTICELLO FL 32345-0180 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1974						
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied For			
21		26				59-1544774		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country 25	Zip	30 Co.	untry		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent ye: Yes	ar Intangible			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
	BIRD, T. BUCKINGHAM			81	Name						
	220 SOUTH CHERRY STREET MONTICELLO FLORIDA 32344		82		82 Street Address (P.O. Box Number is Not Acceptable)						
				83							
				84	City	F	85	Zip Code			
11. Pursu	ant to the provisions of Sections 607.05	02 and 607.1508, Florid	a Statutes, the a	bove	-named corpo	pration submits this statement for the purpose	of chang	ing its registered			

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	Signature, typed or printed name of registional agent and title it applicable	e (NOTE R	egistered Agent signature r	required when reinstating)	DATE		1
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO			
TITLE	8	DELETE	1.1 TITLE		Ι	Change	Addition
NAME	SAWYER, CAROLYN A.		1.2 NAME				
STREET ADDRESS	US HWY 19 SOUTH		1.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		1.4 CITY - ST - ZIP				
TITLE	P	DELETE	2.1 TITLE		[Change	Addition (
NAME	BESHEARS, FRED H.		2.2 NAME	т.	:		
STREET ADDRESS	US HWY 19 SOUTH		2.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		į	Change	☐ Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 THTLE		I	Change	☐ Addition
HAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
HAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		[Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
9/T/ 57 7/0			CADITY OF THE				

14. I 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 suppliemental 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.

4-3-98 850-997-256