

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 546084

(5)

1. Corporation Name

FLORIDA GROWERS ASSOCIATION, INC.

55 MAY -1 AM 5:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**23600 SOUTH DIXIE HIGHWAY
POST OFFICE BOX 375
GOULDS FL 33170-6360**

3. Date incorporated or Chartered **07/27/1977** 3a. Date of Last Report **06/27/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-0316513** Applied For ☐ Not Applicable ☐

22. City & State **27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. City & State **28**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. City & State **25** **29** **30**

8. This corporation has liability for intangible tax under S. 193.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**KENDALL, HAROLD E.
23600 SOUTH DIXIE HIGHWAY
GOULDS FL 33170**

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, 608, and 609, Florida Statutes, the above named corporation admits, 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 Sections 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
NAME **P KENDALL, HAROLD E. SR.**
STREET ADDRESS **23600 SOUTH DIXIE HWY.**
CITY, ST, ZIP **GOULDS FL**

13. ADDITIONAL CHANGES TO OFFICERS, AND DIRECTORS, IF ANY
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

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 133.02(3)(b), Florida Statutes. I further certify that the information included 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 in person. 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 13.

SIGNATURE: Harold E. Kendall 4/28/95 305-258-1631

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR