

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **546084** (5)

1. Corporation Name
FLORIDA GROWERS ASSOCIATION, INC.



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

Mailing Address
**23600 SOUTH DIXIE HIGHWAY
POST OFFICE OBX 375
GOULDS FL 33170-6360**

3. Date Incorporated or Qualified **07/27/1977** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 14400 SW 232 St. Suite, Apt. #, etc. 22 City & State 23 Goulds, Fla. Zip 24 33170 Country 25 USA	2a. Mailing Address 26 P.O. BOX 375 Suite, Apt. #, etc. 27 City & State 28 Goulds, Fla. Zip 29 33170 Country 30 USA	4. FEI Number 59-0316513 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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
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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 Harold E. Kendall
82 Street Address (P.O. Box Number is Not Acceptable) 14400 SW 232 St.
83 P.O. BOX 375
84 City Goulds, Fla. FL 85 Zip Code 33170

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 607.0506, Florida Statutes.

SIGNATURE: *Harold E. Kendall* (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENDALL, HAROLD E. SR.		1.2 NAME Harold E. Kendall Sr.	
STREET ADDRESS 23600 SOUTH DIXIE HWY.		1.3 STREET ADDRESS 14400 SW 232 St.	
CITY - ST - ZIP GOULDS FL		1.4 CITY - ST - ZIP P.O. Box 375	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Elizabeth H. Kendall		2.2 NAME Elizabeth H. Kendall	
STREET ADDRESS 14400 SW 232 St.		2.3 STREET ADDRESS 14400 SW 232 St.	
CITY - ST - ZIP Goulds, Fla. 33170		2.4 CITY - ST - ZIP Goulds, Fla. 33170	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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: *Harold E. Kendall*
Harold E. Kendall

4-26-96 (305)258-1631

CR2E034 (12/95)