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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706921** (4)

1. Corporation Name

FLORIDA INTERNATIONAL AGRICULTURAL TRADE COUNCIL, INC.

Principal Place of Business

Mailing Address

**MAYO BUILDING
ROOM 418
TALLAHASSEE FL 32399-7800
US**

**MAYO BUILDING
ROOM 418
TALLAHASSEE FL 32399
US**

3. Date Incorporated or Qualified
03/02/1964

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-6213580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAILEY, HUGH
210 NE 2ND ST.
C/O SUNTRUST BANK, NCF P.O. BOX 310
OCALA FL 32678**

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 617.0512 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **TD
DAILEY, HUGH**
STREET ADDRESS **P.O. BOX 310 N/A**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **PD
BALDWIN, LEROY**
STREET ADDRESS **3660 NW 56TH STREET**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **VD
OELFHE, WALTER**
STREET ADDRESS **RT. 1, SPRING RIDGE, 438 MOORE STREET**
CITY-ST-ZIP **HIGH SPRINGS FL**

TITLE ☐ DELETE

NAME **SD
PARAJON, ROBERTO E.**
STREET ADDRESS **1201 SOUTH OCEAN DRIVE, APT. 26-5**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/22/97
Date

Daytime Phone # **0077492**

CR2E037 (9/96)