FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:59

DOCUMENT # 743417 (8)

1. Corporation Name

SOUTHWEST FLORIDA RARE FRUIT GROWERS EXCHANGE IN C.

Principal Place of Business	Mailing Address
OLD 41 ROAD P O BOX 796 BONITA SPRINGS FL 33959	OLD 41 ROAD P O BOX 796 BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1978
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1842495 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BECHLE, MILDRED
4459 31ST PLACE
S.W. NAPLES FL 33999

10. Name and Address of New Registered Agent

31 Name: Same
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition Pres.
NAME	BECHEL, MILDRED — SPELLING INCORRECT	12 NAME	BECHLE, MILDRED
STREET ADDRESS	4459 31ST PLACE	13 STREET ADDRESS	4459 - 31st Pl. S.W.
CITY-ST-ZIP	S.W. NAPLES FL 33999	14 CITY-ST-ZIP	NAPLES, FL 33999
TITLE	S	21 TITLE	☑ Change ☐ Addition Secty
NAME	BUCKLEY, EVELYN — DELETE	22 NAME	GILBERT, JEAN
STREET ADDRESS	27451 RICHVIEW CT.	23 STREET ADDRESS	27294 JOLLY ROGER LANE
CITY-ST-ZIP	BONITA SPRINGS FL 33923	24 CITY-ST-ZIP	BONITA SPRINGS, FL. 33923
TITLE	P	31 TITLE	☑ Change ☐ Addition VP FRANK CLARK
NAME	CLARK, FRANK	32 NAME	
STREET ADDRESS	20263 LUETTICH LANE	33 STREET ADDRESS	20263 LUETTICH LANE
CITY-ST-ZIP	ESTERO FL 33928	34 CITY-ST-ZIP	ESTERO, FL. 33928
TITLE	T	41 TITLE	☐ Change ☐ Addition T. BADOUR DONALD
NAME	BADOUR, DONALD	42 NAME	
STREET ADDRESS	20263 LUETTICH LANE	43 STREET ADDRESS	20263 LUETTICH LANE
CITY-ST-ZIP	ESTERO FL 33928	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition D MAYER, William
NAME	MAYER, WILLIAM	52 NAME	
STREET ADDRESS	26257 QUEEN MARY LANE S.E.	53 STREET ADDRESS	26257 Queen Mary Lane, SE
CITY-ST-ZIP	BONITA SPRINGS FL 33923	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition D BECK, WILBUR
NAME	HALADAY, ALBERT — DELETE	62 NAME	
STREET ADDRESS	10699 ABERNATHY ST.	63 STREET ADDRESS	27152 DUNVEGAN TBE PARK
CITY-ST-ZIP	BONITA SPRINGS FL 33923	64 CITY-ST-ZIP	BONITA SPRINGS, FLA. 33923

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)(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 an attachment with an address.

SIGNATURE: Mildred Bechle — 4-24-95 — 941-455-4352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061424