

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 1:25

DOCUMENT # 745464 (8)

1. Corporation Name

PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13121 N. MILITARY TRAIL
DELRAY BEACH FL 33484
US

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DELRAY BEACH FL 33484
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/29/1978 3a. Date of Last Report 05/19/1994

4. FBI Number 59-1886632 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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOTILLO, DONNA M C.P.A.
1325 SOUTH CONGRESS AVE.
STE. #259
BOYNTON BEACH FL 33426

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 607.0502 and 607.1908, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MCDUGALD, JEFF
STREET ADDRESS	6060 LINTON BLVD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VD
NAME	MCKEOWN, PAT
STREET ADDRESS	14065 SMITH SUNDY RD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VD
NAME	MITCHELL, DALE
STREET ADDRESS	6092 TROPICAL WAY
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	SD
NAME	MILLER, PATTI
STREET ADDRESS	16320 CARTER RD.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D
NAME	HOMRICH, STEVE
STREET ADDRESS	9901 STATE RD 7
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	D
NAME	MILLER, MATTHEW
STREET ADDRESS	5700 SIMMS RD.
CITY - ST - ZIP	DELRAY BEACH FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P BRIAN KEAVENY
1.3 STREET ADDRESS	6325 PARK LAKE EAST
1.4 CITY - ST - ZIP	LAKE WORTH, FL 33467
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD MIKE KASTENHOLTZ
2.3 STREET ADDRESS	9281 87th PLACE SOUTH
2.4 CITY - ST - ZIP	BOYNTON BCH, FL 33437
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD MATTHEW MILLER
3.3 STREET ADDRESS	5700 SIMMS RD.
3.4 CITY - ST - ZIP	DELRAY BCH, FL 33484
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD DAVID WILLIAMS
4.3 STREET ADDRESS	5234 HAVERHILL EXT. SOUTH
4.4 CITY - ST - ZIP	LAKE WORTH, FL 33463
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD DEBBI HOUT
5.3 STREET ADDRESS	7677 S. MILITARY TRAIL
5.4 CITY - ST - ZIP	LAKE WORTH, FL 33463
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D BUD SPEER
6.3 STREET ADDRESS	DRAWER 1000
6.4 CITY - ST - ZIP	DELRAY BCH, FL 33447

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Debbi Hout / DEBBI HOUT 1/26/95 407-968-1680

DIGITAL AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #