FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

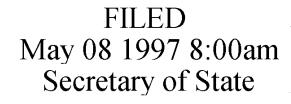
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 790013

(7)

HASTINGS POTATO GROWERS ASSOCIATION





Principal Place of Business N. BLYD. & ASHLAND AVENUE P.O. BOX 758		Mailing Address			E SURAITE INDIAD IDTIL DOŽILI BALINI (1800 LICE DEPLE DEDLE DEDLE BERLE BERLE DEDLE DELE			
		N. BLVD. & ASHLAND AV P.O. BOX 758						
Hastings FL 32	1145	HASTINGS FL 32145-0758	HASTINGS FL 32145-0758		3. Date incorporated or Qualified 02/20/1925	ualified 3a. Date of Last Report 04/27/1996		
l	Place of Business	28. Mailing Address			4. FEI Number			plied For
21		26					t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional
	10	City & State			& Floring Committee Financiae			<u> </u>
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			
Zip	Country	Zip	Count	ry .	8. This corporation has liability for			
24	25	29	30	•		Yes N		100.002,
	9. Name and Address of Curre		1327		10. Name and Address of New Re	glatered Age	nt	
			8	1 Name				
VALLANC	E, MARY L.		ļ.	2 Ctroot Add	lean (D.O. Boy Number in Not Assental	la)		
N BLVD. & ASHLAND AVE.			ľ	Street Address (P.O. Box Number is Not Acceptable)				
1	S FL 32045		8	3				
1 1 10 1110			8	A City		Ta:	z Zir. (Code
			-	1 ""		FL 84		
office or agent. I a SIGNATURE					poration submits this statement for the pation's board of directors. I hereby acception	ot the appointr	nent as	registered
12,	Signature, typed or printed name of registered ag	IO DIRECTORS	13.	Geur aithrature tedn	ared when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTOR	IS IN 12
TITLE	S	DELETE	1.1 71711		7,007,070,010,1010,1010		Change	Addition
NAME	VALLANCE, MARY L		1.2 NAM				•	
STREET ADDRESS	200 PARK AVENUE NORTH		1	ET ADDRESS				
CITY-ST-ZIP	HASTINGS, FL		1.4 CITY					
TITLE	D	DELETE	2.1 111				Change	Addition
NAME	FLOYD, J B, JR		2.2 NAM			_	•	
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP	ELKTON, FL 0		1	-ST-ZIP				
TITLE	0	☐ DELETE	31 TITL				Change	Addition
NAME	METHVIN, SAMUEL W.		3.2 NAM	ŀ				
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP	EAST PALATKA, FL 0		1	-ST-ZIP				
TITLE	PD	DELETE	4.1 TITL				Change	Addition
NAME	JOHNSTON, ALBERT B, JR		4. 2 NAN	AE .				
STREET ADDRESS	1 m m m m m m m m m m m m m m m m m m m		43 STRE	ET ADDRESS				
CHTY-ST-ZIP	BUNNELL FL		4.4 CITY	-ST-ZIP				
TITLE	VO	DELETE	5.1 Y (TU				Change	Addition
NAME	PACETTI, RICHARD A.		5.2 NAM	E	10 to			
STREET ADDRESS	5560 SR 16		5.3 STRE	EET ADDRESS	'.			
CITY-SI-ZIP	ST.AUGUSTINE FL			-ST-ZIP				
TITLE		DELETE	6.1 TITL	E		U	Change	Addition Addition
NAME			6.2 NAM	E [
STREET ADDRESS	1		6.3 STRE	ET ADDRESS				
CITY-ST-ZIP	1		6.4 CITY	-ST-ZIP				
	by certify that the information supplied	ad with this filing does not o			d in Section 119.07(3)(i). Florida Statute	s I further cer	tify that	the

Indicated on this annual report or supplied with this iming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

904/692-1210