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FILED
May 08 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 # **790013** (7)

1. Corporation Name

HASTINGS POTATO GROWERS ASSOCIATION



Principal Place of Business N. BLVD. & ASHLAND AVENUE P.O. BOX 758 HASTINGS FL 32145	Mailing Address N. BLVD. & ASHLAND AVENUE P.O. BOX 758 HASTINGS FL 32145-0758
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3. Date Incorporated or Qualified 02/20/1925	3a. Date of Last Report 04/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0285070 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**VALLANCE, MARY L.
N BLVD. & ASHLAND AVE.
HASTINGS FL 32045**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLANCE, MARY L	1.2 NAME	
STREET ADDRESS	200 PARK AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HASTINGS, FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, J B, JR	2.2 NAME	
STREET ADDRESS	PO BOX 81 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKTON, FL 0	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METHVIN, SAMUEL W.	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 92	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA, FL 0	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, ALBERT B, JR	4.2 NAME	
STREET ADDRESS	P.O. BOX 251 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACETTI, RICHARD A.	5.2 NAME	
STREET ADDRESS	5560 SR 16	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL	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 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: *Mary L. Vallance* **Mary L. Vallance**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 22 97

904/692-1210

Date

Daytime Phone 8002954

CR2E037 (9/96)