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 FEB 24 AM 11:30

DOCUMENT # 790224 (0)

1. Corporation Name
MOUNT DORA GROWERS COOPERATIVE

Principal Place of Business
801 S HIGHLAND ST.
P.O. BOX 36
MOUNT DORA FL 32757-7036

Mailing Address
801 S HIGHLAND ST.
P.O. BOX 36
MOUNT DORA FL 32757-7036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-0369690 ☐ 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

9. Name and Address of Current Registered Agent
BLAIR, ROBERT H.
10219 E DEWEY ROBBINS RD
HOWEY IN THE HILLS FL

10. Name and Address of New Registered Agent
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 607.1508, 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	DAVIS ROBERT A.
STREET ADDRESS	1311 S. VINELAND RD
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	VD
NAME	KEMP, WILLIAM R.
STREET ADDRESS	7124 CR 48
CITY-ST-ZIP	YALAHA FL
TITLE	VD
NAME	CALHOUN, CHARLES M.
STREET ADDRESS	240 LAKEVIEW STREET
CITY-ST-ZIP	UMATILLA FL
TITLE	STM
NAME	BLAIR, ROBERT H.
STREET ADDRESS	10219 E. DEWEY ROBBINS RD
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL
TITLE	ST
NAME	BROWN, SUE S.
STREET ADDRESS	340 W. 9TH AVENUE
CITY-ST-ZIP	MOUNT DORA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — DATE

11 TITLE		☐ Change	☐ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Blair/Sec./Treas. 2/21/95 904-383-4114
Date Daytime Phone #