

**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

**DOCUMENT # 790396 (6)**

1. Corporation Name

**FARSOUTH GROWERS COOPERATIVE ASSOCIATION**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 24 AM 9:22**

Principal Place of Business

Mailing Address

**1200 N.W. 4TH ST.  
HOMESTEAD FL 33030**

**1200 N.W. 4TH ST.  
HOMESTEAD FL 33030**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified

**10/20/1941**

3a. Date of Last Report

**02/14/1994**

4. FEI Number

**59-0548826**

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

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWE, OSMOND C., JR.  
MERSHON, SAWYER, JOHNSTON, DUNWODY & COL  
200 S. BISCAYNE BLVD., SUITE 4500  
MIAMI FL 33131**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

**PETERS, L H  
11065 GIRASOL AVE  
CORAL GABLES FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

**PETERS, P H  
355 COCOPLUM RD  
CORAL GABLES, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

**BLAKELY, ROBERT P.  
320 E TROPICAL WAY  
PLANTATION FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

**RUBIO, REINALDO  
1723 S.E. WASHINGTON STREET  
STUART FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

**7500 S.W. 154 TERRACE  
MIAMI, FL. 33157**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

**6786 S.W. 89 TERRACE  
MIAMI, FL. 33156**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

**DECEASED**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(b), 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 registered agent 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 the attachment with an address.

**SIGNATURE:**

*Louis H. Peters*

**LOUIS H. PETERS**

**1/18/95 (305) 217-2141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0000771