

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **790396** (6)  
1. Corporation Name  
**FARSOUTH GROWERS COOPERATIVE ASSOCIATION**

Principal Place of Business Mailing Address  
**1200 N.W. 4TH ST.** **1200 N.W. 4TH ST.**  
**HOMESTEAD FL 33030** **HOMESTEAD FL 33030**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1941** 3a. Date of Last Report **06/03/1996**  
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**  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country  
24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **CHARLES R. ROWE, ESQ.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1310 N. KROME AVENUE**  
83  
84 City **HOMESTEAD** FL 85 Zip Code **33030**

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 *Charles Rowe* DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **DP PETERS, L H**  
STREET ADDRESS **7500 S.W. 154 TERRACE**  
CITY-ST-ZIP **MIAMI FL**  
TITLE ☐ DELETE  
NAME **VD PETERS, P H**  
STREET ADDRESS **6786 S.W. 89 TERRACE**  
CITY-ST-ZIP **MIAMI FL**  
TITLE ☒ DELETE  
NAME **ST RUBIO, REINALDO**  
STREET ADDRESS **1723 S.E. WASHINGTON STREET**  
CITY-ST-ZIP **STUART FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **ST ROBIN KEARNEY**  
3.3 STREET ADDRESS **12601 S.W. 65 AVENUE**  
3.4 CITY-ST-ZIP **MIAMI, FL. 33156-5504**  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 *Charles Rowe* SIGNATURE REQUIRED

CP2E037 (4/97)

FILED  
Sep 25 1997 8:00am  
Secretary of State