

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 790773 (6)**  
1. Corporation Name  
**HIGHLANDS GROWERS CO-OPERATIVE**



Principal Place of Business  
**12833 HWY 301  
DADE CITY FL 33525  
US**

Mailing Address  
**PO BOX 1137  
DADE CITY FL 33526-1137  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/22/1957</b>		3a. Date of Last Report <b>03/09/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-6062649</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STUBBS, JR., WM. O. 12833 HWY 301 DADE CITY FL 33525</b>				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 <b>PD</b> <input type="checkbox"/> DELETE NAME <b>EPPERSON, G.B.</b> STREET ADDRESS <b>12833 HIGHWAY 301</b> CITY-ST-ZIP <b>DADE CITY, FL 00000</b>				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>33525</b>			
TITLE <b>VD</b> <input checked="" type="checkbox"/> DELETE NAME <b>BOZEMAN, W.H.</b> STREET ADDRESS <b>12833 HIGHWAY 301</b> CITY-ST-ZIP <b>DADE CITY, FL 00000</b>				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>VPD</b> 2.3 STREET ADDRESS <b>JORDAN, CLAY</b> 2.4 CITY-ST-ZIP <b>12833 Hwy 301</b> <b>DADE CITY, FL 33525</b>			
TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>STUBBS, JR WM O</b> STREET ADDRESS <b>12833 HIGHWAY 301</b> CITY-ST-ZIP <b>DADE CITY, FL 00000</b>				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>S</b> 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>33525</b>			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>VPD</b> 4.3 STREET ADDRESS <b>EVANS, JAMES E. JR.</b> 4.4 CITY-ST-ZIP <b>12833 Hwy 301</b> <b>DADE CITY, FL 33525</b>			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>T</b> 5.3 STREET ADDRESS <b>BEASMAN, JERRY</b> 5.4 CITY-ST-ZIP <b>12833 Hwy 301</b> <b>DADE CITY, FL 33525</b>			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*W.O. Stubbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/96**  
Date

**(352) 567-5661**  
Daytime Phone #

CR2E037 (12/95)