

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3. Date Incorporated or Qualified 10/22/1957	
				4. FEI Number 59-6062649	
				Applied For Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26 P. O. BOX 2339		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28 DADE CITY, FL		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24		Country 25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUBBS, JR., WM. O.
12833 HWY 301
DADE CITY FL 33525**

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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPERSON, G.B.	1.2 NAME	
STREET ADDRESS	12833 HIGHWAY 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, CLAY	2.2 NAME	
STREET ADDRESS	12833 HWY 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS, JR WM O	3.2 NAME	
STREET ADDRESS	12833 HIGHWAY 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASMAN, JERRY	4.2 NAME	
STREET ADDRESS	12833 HWY 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS JR., JAMES E.	5.2 NAME	
STREET ADDRESS	12833 HWY 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY 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 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:  **Wm. O. STUBBS, JR., SECRETARY** 2/18/98 352/567-5661

CR2E037 (10/97)