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 JAN 30 AM 9:09

DOCUMENT # 790843 (7)

1. Corporation Name

GLADES COUNTY SUGAR GROWERS COOPERATIVE ASSOCIATION

Principal Place of Business	Mailing Address
714 8TH ST. P O BOX 283 MOORE HAVEN FL 33471	714 8TH ST. P O BOX 283 MOORE HAVEN FL 33471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1961
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-0943148 ☐ 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

SMITH, RALPH C.
714 8TH ST.
P.O. BOX 423
MOORE HAVEN FL 33471

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AST	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RALPH C ASST	1.2 NAME	
STREET ADDRESS	714 EIGHT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	LYKES, CHARLES P	2.2 NAME	
STREET ADDRESS	RT, 6 BOX 503 HWY 721 S/NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BERNER, G.R.	3.2 NAME	
STREET ADDRESS	150 W. DEL MONTE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, COUSE	4.2 NAME	
STREET ADDRESS	227 E. CRESCENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	BEARDSLEY, DAVID	5.2 NAME	
STREET ADDRESS	RT 1 BOX 466/NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWING, WAYNE	6.2 NAME	
STREET ADDRESS	US HIGHWAY 27 N	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	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)(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: RALPH C. SMITH Ralph C. Smith 1/24/95 813-946-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000137B