

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN 20 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 790854 (4)  
1. Corporation Name  
FLORIDA SWEET CORN EXCHANGE



Principal Place of Business Mailing Address  
4401 E COLONIAL DR. 4401 E COLONIAL DR.  
P.O. BOX 140155 P.O. BOX 140155  
ORLANDO FL 32814-7155 ORLANDO FL 32814-0155

3. Date Incorporated or Qualified 06/12/1967 3a. Date of Last Report 03/07/1996

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 Zip Country 30  
24 25 29 30

4. FEI Number 59-0993434 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, REGINALD L.  
4401 EAST COLONIAL DRIVE  
ORLANDO FL 32814

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 D ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME HOLT, THOMAS C. 1.2 NAME  
STREET ADDRESS 457 OLD COUNTRY RD 1.3 STREET ADDRESS 100002220871--3  
CITY-ST-ZIP W PALM BCH FL -06/24/97--01011--011  
TITLE RD ☐ DELETE 2.1 TITLE \*\*\*\*\*61.25 ☐ Change ☐ Addition  
NAME APELGREN, ROBERT D 2.2 NAME  
STREET ADDRESS 505 GREENWAY DRIVE 2.3 STREET ADDRESS  
CITY-ST-ZIP N. PALM BEACH FL 2.4 CITY-ST-ZIP  
TITLE SD ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME SODDERS, MARK 3.2 NAME  
STREET ADDRESS 800 MCCLURE ROAD 3.3 STREET ADDRESS  
CITY-ST-ZIP PAHOKEE FL 3.4 CITY-ST-ZIP  
TITLE AS ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition  
NAME BROWN, REGINALD L. 4.2 NAME  
STREET ADDRESS 4401 E. COLONIAL DR. 4.3 STREET ADDRESS  
CITY-ST-ZIP ORLANDO FL 4.4 CITY-ST-ZIP  
TITLE D ☒ DELETE 5.1 TITLE ☐ Change ☐ Addition  
NAME POPE, LEWIS JR 5.2 NAME  
STREET ADDRESS 2343 BEACOM POINT DR 5.3 STREET ADDRESS  
CITY-ST-ZIP PAHOKEE FL 5.4 CITY-ST-ZIP  
TITLE VD ☒ DELETE 6.1 TITLE ☐ Change ☐ Addition  
NAME HATTON, ROGER 6.2 NAME  
STREET ADDRESS 1991 BACOM POINT ROAD 6.3 STREET ADDRESS  
CITY-ST-ZIP PAHOKEE FL 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: [Signature] REQUIRED

CR2E037 (9/96)