FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FLORIDA SWEET CORN EXCHANGE

FILED Apr 27 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						t sobili jobia jajis odila, jajist digi digi digis giast digis digis digis digis digis digis	
4401 E COLONIAL DR. P.O. BOX 140155		4401 E COLOMAL DR. P.O. BOX 140155				3. Date incorporated or Qualified	_
						06/12/1967	
ORLANDO FL 3	2814-7155	ORLANDO FL 32814-7155				4. FEI Number Applied For	_
						59-0993434 Not Applicat	ole
2. Principal P	lace of Business	2a. Mailing Address				CO 75 Additional	
21		26				5. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		27				Trust Fund Contribution Added to Fees	
City & Stat	e	City & State			7. Is this nonprofit corporation a homeowners association?		
23		28				☐ Yes ☐ No	
Zip	Country Zip			Country		8. This corporation owes or has paid the current year Intangible	
24			30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	
				"	Name		
	, reginald L		82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)	
	ST COLONIAL DRIVE						
ORLAND	O FL 32814		83				
				84	City	85 Zip Code	
			,	Ш		rporation submits this statement for the purpose of changing its register.	
agent. I a	rm familiar with, and accept the oblig Signature, typed or printed name of registered as					uired when reinstating) DATE	_
12.	OFFICERS AND DIRECTORS 18					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE 1		1.1 TITLE		Change Addit	On
NAME	HOLT, THOMAS C.		1.2 N	IAME			
STREET ADDRESS	457 OLD COUNTRY RD		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		1.40	HTY-ST	- ZIP		
TITLE	D	☐ DELETE	2.1 T	ITLE		Change Addit	on
NAME	APELGREN,ROBERT D		2.2 N	MME			
STREET ADDRESS	505 GREENWAY DRIVE		2.3 S	TREET /	ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL			CITY - S1	T-ZIP		
TITLE	D	☐ DELETE	3.1 T	3.1 TITLE		Change Addit	on
NAME	SODDERS, MARK			IAME			
STREET ADDRESS	800 MCCLURE ROAD				ADDRESS		
CITY-ST-ZIP	PAHOKEE FL			CITY S	T-ZIP		
TITLE	AS	☐ DELETE	4.1 T			Change Addit	וזעו
NAME				4. 2 NAME			
STREET ADDRESS	1101 51 005011115 0111			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	T be est		ITY-ST	-ZIP	☐ Change ☐ Addii	ion
TITLE		☐ DELETE	5.1 T			Li Crange Li Adon	Uti
NAME				IAME			
STREET ADDRESS			5.3 5	TREET /	ADDRESS		

14. I hereby certify that the information supplies 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 supplies untal 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 of the receiver or trustop 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 in on an interpretable with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplies 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 supplies 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 supplies 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 supplies 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 supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplies with the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplies with the information indicated on this annual report or supplies with the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(iii), Florida Statut

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

CITY - ST - ZWP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

407 994-1351

☐ Change

Addition