

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 028 ****61.25

DOCUMENT # 790854

1. Corporation Name

FLORIDA SWEET CORN EXCHANGE

Principal Place of Business

4401 E COLONIAL DR.
P.O. BOX 140155
ORLANDO FL 32814-7155

Mailing Address

4401 E COLONIAL DR.
P.O. BOX 140155
ORLANDO FL 32814-7155



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/12/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0993434	
25 Country		29 Country		30	
24		25		29	
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	
				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	1.1 TITLE	
NAME	HOLT, THOMAS C.	1.2 NAME	
STREET ADDRESS	457 OLD COUNTRY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
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	D	3.1 TITLE	
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	4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)