


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90012 043 ****61.25

| | |
|--|---|
| DOCUMENT # 790854 |  |
| 1. Entity 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 |
|--|--|

44007300



| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 01062004 Chg-NP CR2E037 (10/03) | 4. FEI Number 59-0993434 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BESS, MIKE D 4401 EAST COLONIAL DRIVE ORLANDO, FL 32814 | | Name Danny Rawlerson Street Address (P.O. Box Number is Not Acceptable) 4401 East Colonial Drive City Orlando FL Zip Code 32814 | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLT, TOMMY 457 OLD COUNTRY ROAD WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, JOE E P.O. BOX 1370 LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGERS, SAMMY P.O. BOX 70 SOUTH BAY, FL 33493 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BESS, MIKE D 4401 E. COLONIAL DR. ORLANDO, FL 32814 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Rawlerson, Danny 4401 East Colonial Dr. Orlando, FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUNDLEY, JOHN S P.O. BOX H. LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TYSON, BENTON P.O. BOX 880 BELLE GLADE, FL 334300880 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 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

2-3-04

Date

407 894-1351

Daytime Phone #