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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 790892 (4)  
1. Corporation Name  
LAKELAND HIGHLANDS CO-OPERATIVE ASSOCIATION



Principal Place of Business Mailing Address  
3009 EAST ROAD 540-A P.O. BOX 188  
HIGHLAND CITY FL 33846 ~~2101 EAST FLORAL AVE~~ Highland City, FL 33846-188  
US

3. Date Incorporated or Qualified 05/18/1914 3a. Date of Last Report 01/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0324446 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [x] Yes [ ] No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

HART, ALAN R.  
2005 CLUBHOUSE ROAD  
LAKELAND FL 33813

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	DS [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	WILLIAMS, MARY H	1.2 NAME	
STREET ADDRESS	4212 SLYVAN RAMBLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	PD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	PIPPING, E.R. JR.	2.2 NAME	
STREET ADDRESS	1710 MARIPOSA AVE. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	GRIFFIN, JAMES H SR	3.2 NAME	
STREET ADDRESS	3110 OAKBRIDGE #245	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	SAFFORD, ROBERT H SR	4.2 NAME	
STREET ADDRESS	2010 EAST RD. #540-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	DV [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	TYNDALL, L.B.	5.2 NAME	
STREET ADDRESS	1150 BOUGAINVILLEA WAY EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	
TITLE	DT [ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	BYRD, B.F.	6.2 NAME	
STREET ADDRESS	955 FLORAL AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	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: Mary H Williams Mary H Williams, Secy. 1/20/97 (941) 646-2593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053772

CR2E037 (9/96)