

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:22

DOCUMENT # 790925 (2)

1. Corporation Name

GROWERS PRECOOLER, INC.

Principal Place of Business

Mailing Address

2880 LUST ROAD
APOPKA FL 32703

2880 LUST ROAD
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1965

3a. Date of Last Report

03/02/1994

4. FEI Number

59-1118118

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

MCLEOD, JOHNIE A.
48 EAST MAIN STREET
APOPKA FL 32704

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CLOUTS, W. REX, JR.
STREET ADDRESS	619 HIDDEN PINE CT.
CITY-ST-ZIP	APOPKA FL
TITLE	VD
NAME	CRAKES, KENT
STREET ADDRESS	653 BINION ROAD
CITY-ST-ZIP	APOPKA FL 32703
TITLE	ST
NAME	STROUP, SCOTT W
STREET ADDRESS	806 ERROL PKWY
CITY-ST-ZIP	APOPKA FL
TITLE	DT
NAME	BEALL, CLARENCE JR.
STREET ADDRESS	200 E 10TH AVE.
CITY-ST-ZIP	MT.DORA FL
TITLE	AS
NAME	WRIGHT, CLAIRE E
STREET ADDRESS	34334 CARL ROAD
CITY-ST-ZIP	LEESBURG FL
TITLE	AT
NAME	WRIGHT, CLAIRE E
STREET ADDRESS	34334 CARL ROAD
CITY-ST-ZIP	LEESBURG FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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:

Claire E. Wright CLAIRES E. WRIGHT 1/23/95 (107) 889-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15a

15b