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FILED  
Jun 16 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 # **790943** (5)

1. Corporation Name

**ZELLWOOD 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 32814-0155**

3. Date Incorporated or Qualified  
**02/01/1967**

3a. Date of Last Report  
**03/04/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-1173955**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, REGINALD L  
4401 E. COLONIAL DR.  
ORLANDO FL 32814**

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

TITLE **P** ☐ DELETE

NAME **LONG, WILLIAM D**  
STREET ADDRESS **2880 E. GREENACRE RD.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE

NAME **HANAS, RICK**  
STREET ADDRESS **1285 LIDARD KNOT CK TR**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **ST** ☐ DELETE

NAME **CRAKES, KNET**  
STREET ADDRESS **635 S BINION RD.**  
CITY-ST-ZIP **APOPKA FL**

TITLE **AS** ☐ DELETE

NAME **BROWN, REGINALD L**  
STREET ADDRESS **4401 E. COLONIAL DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **LUST, ROBERT**  
STREET ADDRESS **2771 LUST RD**  
CITY-ST-ZIP **APOPKA, FL 00000**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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.

CR2E037 (9/96)

