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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 790961 (7)

1. Corporation Name

NORTH FLORIDA GROWERS EXCHANGE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/21/1967	3a. Date of Last Report 03/29/1994
4. FEI Number 59-1214190	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	

Principal Place of Business		Mailing Address	
4401 E. COLONIAL DR. P.O. BOX 140155 ORLANDO FL 32814-7155		4401 E. COLONIAL DR. P.O. BOX 140155 ORLANDO FL 32814-7155	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

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 85 Zip Code FL	

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE, THOMAS	1.2 NAME	
STREET ADDRESS	RT 1, BOX 173A	1.3 STREET ADDRESS	
CITY - ST - ZIP	HASTINGS FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	REVELS, ROBERT	2.2 NAME	
STREET ADDRESS	CRACKER SWAMP RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	E. PALATKA FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	COTTON, WILLIAM	3.2 NAME	
STREET ADDRESS	8850 HASTINGS BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	HASTINGS FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
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	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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 in an attachment with an address.

SIGNATURE: *Reginald L. Brown*
Reginald L. Brown, Assistant Secretary

4/25/95

407/894-1351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)