FILE NOW: FILING FEE IS $61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 790961 (7)

1. Corporation Name
NORTH FLORIDA GROWERS EXCHANGE

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

3. Date Incorporated or Qualified: 09/21/1967

4. FEI Number: 59-1214190 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP					
TITLE D	VD	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	LEE, THOMAS		1.2 NAME	Byrnes, Danny	
STREET ADDRESS	RT 1, BOX 173A		1.3 STREET ADDRESS	P.O. Box 8 N/A	
CITY-ST-ZIP	HASTINGS FL		1.4 CITY-ST-ZIP	Hastings, FL 32145	
TITLE D	PD	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	REVELS, ROBERT		2.2 NAME	Smith, Wayne	
STREET ADDRESS	CRACKER SWAMP RD		2.3 STREET ADDRESS	9345 Hastings Blvd.	
CITY-ST-ZIP	E. PALATKA FL		2.4 CITY-ST-ZIP	Hastings, FL 32145	
TITLE D	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COTTON, WILLAIM		3.2 NAME	Cotton, William	
STREET ADDRESS	8650 HASTINGS BLVD		3.3 STREET ADDRESS	8650 Hastings Blvd.	
CITY-ST-ZIP	HASTINGS FL		3.4 CITY-ST-ZIP	Hastings, FL 32145	
TITLE D	AS	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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 _____ 4/15/98 (407) 894-1351

CR2E037 (10/97)