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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790984

1. Corporation Name

FLORIDA MOLASSES EXCHANGE, INC.

Principal Place of Business

2655 N OCEAN DR
RIVIERA BEACH FL 33404

Mailing Address

2655 N OCEAN DR
RIVIERA BEACH FL 33404



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/30/1969

4. FEI Number
59-1274057

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

9. Name and Address of Current Registered Agent

WHITE, JOHN B
222 LAKEVIEW AVE
SUITE 1000
WEST PALM BEACH FL 33401

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 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 SD ☐ DELETE

NAME TERRILL, JAMES E
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE

NAME CARSON, DON
STREET ADDRESS 316 ROYAL POINCIANNA PLZ
CITY-ST-ZIP PALM BEACH FL

TITLE PD ☐ DELETE

NAME VALDIVIA, JOSE F JR
STREET ADDRESS 316 ROYAL POINCIANA PLZ
CITY-ST-ZIP PALM BEACH FL

TITLE VD ☐ DELETE

NAME CONTRERAS, ANTONIO L. JR
STREET ADDRESS AIRPORT ROAD
CITY-ST-ZIP BELLE GLADE FL

TITLE AST ☐ DELETE

NAME HALE, JOHN A
STREET ADDRESS 2655 N OCEAN DR
CITY-ST-ZIP RIVIERA BEACH FL

TITLE TD ☐ DELETE

NAME FERNANDEZ, LUIS
STREET ADDRESS P O BOX 1059
CITY-ST-ZIP PALM BEACH FL 33430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ 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 S/D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE T/D ☒ 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 V/D ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
A. Hale

APRIL 14 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)