FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY 16 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **791061** **(5)**

1. Corporation Name

SOUTH FLORIDA POTATO GROWERS EXCHANGE

Principal Place of Business	Mailing Address
48 NE 15TH ST P.O. BOX 1250 HOMESTEAD FL 33030	48 NE 15TH ST P.O. BOX 1250 HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1977
3a. Date of Last Report: 04/22/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNN, JOHN M.
48 NE 15TH ST
HOMESTEAD FL 33030

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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, D. WEBSTER	12 NAME	
STREET ADDRESS	28105 SW 157 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DWAYNE R.	22 NAME	
STREET ADDRESS	27505 S.W. 167 COURT	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MARTENS, B.R.	32 NAME	
STREET ADDRESS	14850 SW 252 ST	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HILSON, EDWARD	42 NAME	
STREET ADDRESS	25101 S.W. 134 AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL	44 CITY-ST-ZIP	
TITLE	DD	51 TITLE	☐ Change ☐ Addition
NAME	ALGER, JOHN	52 NAME	
STREET ADDRESS	990 N.W. 8 STRET	53 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	54 CITY-ST-ZIP	
TITLE	DD	61 TITLE	☐ Change ☐ Addition
NAME	CASTONGUAY, EDWARD	62 NAME	
STREET ADDRESS	17250 SW 299 ST	63 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	64 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)(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.

305-247-2911

SIGNATURE: D Webster Williams — MAY 11, 1995 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

D. WEBSTER WILLIAMS

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