

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **791061** (5)
1. Corporation Name
SOUTH FLORIDA POTATO GROWERS EXCHANGE



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

Mailing Address
**48 NE 15TH ST
P.O. BOX 1250
HOMESTEAD FL 33030**

3. Date Incorporated or Qualified **02/11/1977** 3a. Date of Last Report **05/16/1995**

2. Principal Place of Business
21 1210 NW 4th St.
Suite, Apt. #, etc.
22 P. O. Box 901670
City & State
23 Homestead, FL
Zip Country
24 33030 25 U.S.A.

2a. Mailing Address
26 1210 NW 4th St.
Suite, Apt. #, etc.
27 P. O. Box 901670
City & State
28 Homestead, FL
Zip Country
29 33030 30 U.S.A.

4. FEI Number **65-0614634** Applied For
~~NOT APPLICABLE~~ 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**

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 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	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, D. WEBSTER	
STREET ADDRESS	28105 SW 157 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DWAYNE R.	
STREET ADDRESS	27505 S.W. 167 COURT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARTENS, B.R.	
STREET ADDRESS	14850 SW 252 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HILSON, EDWARD	
STREET ADDRESS	25101 S.W. 134 AVE.	
CITY-ST-ZIP	PRINCETON FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	ALGER, JOHN	
STREET ADDRESS	990 N.W. 8 STRET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	CASTONGUAY, EDWARD	
STREET ADDRESS	17250 SW 299 ST	
CITY-ST-ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Castonguay, Edward	
1.3 STREET ADDRESS	27501 SW 170th Avenue	
1.4 CITY-ST-ZIP	Homestead, FL 33031	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peters, Lewis H.	
2.3 STREET ADDRESS	7500 SW 154th Terrace	
2.4 CITY-ST-ZIP	Miami, FL 33157	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Williams, Dale C.	
3.3 STREET ADDRESS	16981 SW 278th Street	
3.4 CITY-ST-ZIP	Homestead, FL 33031	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Williams, Dwayne R.	
4.3 STREET ADDRESS	27505 SW 167th Court	
4.4 CITY-ST-ZIP	Homestead, FL 33031	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alger, John	
5.3 STREET ADDRESS	990 NW 8th Street	
5.4 CITY-ST-ZIP	Homestead, FL 33030	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Williams, D. Webster	
6.3 STREET ADDRESS	28105 SW 157th Avenue	
6.4 CITY-ST-ZIP	Homestead, FL 33033	

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)(k), 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: LEWIS H. PETERS DATE: 6/20/94 DAYTIME PHONE: 305-247-4241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)