

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90169 018 ****70.00

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DOCUMENT # 791061

1. Corporation Name

SOUTH FLORIDA POTATO GROWERS EXCHANGE

Principal Place of Business

1210 NW 4TH ST
P O BOX 901670
HOMESTEAD FL 33030
US

Mailing Address

1210 NW 4TH ST
PO BOX 901670
HOMESTEAD FL 33090-1670
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/11/1977

4. FEI Number

65-0614634

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

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
NAME CASTONGUAY, EDWARD
STREET ADDRESS 27501 SW 170TH AVE
CITY-ST-ZIP HOMESTEAD FL
☐ DELETE

TITLE TD
NAME WILLIAMS, DWAYNE R.
STREET ADDRESS 2825 FAIRWAYS DR
CITY-ST-ZIP HOMESTEAD FL 33035
☐ DELETE

TITLE SD
NAME WILLIAMS, DALE C
STREET ADDRESS 16981 SW 278TH ST
CITY-ST-ZIP HOMESTEAD FL
☐ DELETE

TITLE D
NAME MARTENS, BENNY
STREET ADDRESS 14850 SW 252ND ST
CITY-ST-ZIP HOMESTEAD FL 33032
☐ DELETE

TITLE D
NAME ALGER, JOHN
STREET ADDRESS 990 N.W. 8 STREET
CITY-ST-ZIP HOMESTEAD FL 33030
☒ DELETE

TITLE D
NAME WILLIAMS, WEBSTER D
STREET ADDRESS 28105 SW 157TH AVE
CITY-ST-ZIP HOMESTEAD FL
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE VD
5.2 NAME ALGER, JOHN
5.3 STREET ADDRESS 17971 SW 284 ST
5.4 CITY-ST-ZIP HOMESTEAD FL 33030
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

ED CASTONGUAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

305-245-7783

Daytime Phone #

CR2E037 (11/98)