

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 791133 (2)

1. Corporation Name

FLORIDA PLANT GROWERS COOPERATIVE



Principal Place of Business

Mailing Address

**1048 N. USTLER RD.
APOPKA FL 32712
US**

**P.O. BOX 1478
APOPKA FL 32704-1478
US**

3. Date Incorporated or Qualified
08/09/1982

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2215820

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**BOOGAART, JOSEPH
1048 NORTH USTLER ROAD
APOPKA FL 32712**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **MAGUIRE, ROBERT**
STREET ADDRESS **302 W. ORANGE ST**
CITY-ST-ZIP **GROVELAND FL**

1.1 TITLE ☐ Change ☒ Addition

TITLE **D** ☐ DELETE

NAME **MAGUIRE, GARY**
STREET ADDRESS **1134 VIRGINIA AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE ☐ Change ☒ Addition

TITLE **PD** ☐ DELETE

NAME **BOOGART, JOE**
STREET ADDRESS **1048 N. USTLER**
CITY-ST-ZIP **APOPKA FL**

3.1 TITLE ☐ Change ☒ Addition

TITLE **VD** ☐ DELETE

NAME **WALTERS, GEORGE**
STREET ADDRESS **25603 TROON AVE**
CITY-ST-ZIP **MT. PLYMOUTH FL**

4.1 TITLE ☐ Change ☒ Addition

TITLE **TD** ☐ DELETE

NAME **WERT, CHARLES**
STREET ADDRESS **2236 RED EMBER RD**
CITY-ST-ZIP **OVIEDO FL**

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS

6.4 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)(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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)