

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # **J58395 (1)**
1. Corporation Name
SOUTH FLORIDA GROWERS ASSOCIATION, INC.



Principal Place of Business
**13000 SW 232ND ST.
GOULDS FL 33170
US**

Mailing Address
**P.O. BOX 458
GOULDS FL 33170
US**

3. Date Incorporated or Qualified **01/08/1987** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt #, etc.	Suite, Apt #, etc.	59-0698535	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENDALL, HAROLD E. S
13000 SW 232ND ST.
25 SE 2ND AVE
GOULDS FL 33170**

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 607.1509, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	PD
NAME	KENDALL, HAROLD E. SR.	2. NAME	Peter H. J. Kendall
STREET ADDRESS	14400 SW 232ND ST.	3. STREET ADDRESS	P.O. BOX 458
CITY-ST-ZIP	GOULDS FL	4. CITY-ST-ZIP	Goolds, Fla. 33170
TITLE	VD	2. TITLE	VD
NAME	KENDALL, HAROLD E. JR	2. NAME	Susan Bradford
STREET ADDRESS	23600 S. DIXIE HIGHWAY	3. STREET ADDRESS	P.O. BOX 458 13000 SW 232 ST
CITY-ST-ZIP	GOULDS FL	4. CITY-ST-ZIP	Goolds, Fla. 33170
TITLE	VD	3. TITLE	VD
NAME	KENDALL, PETER H. J.	3. NAME	Martha Gilmore
STREET ADDRESS	22305 SW 157TH AVENUE	3. STREET ADDRESS	P.O. BOX 458 13000 SW 232 ST
CITY-ST-ZIP	GOULDS FL	4. CITY-ST-ZIP	Goolds, Fla. 33170
TITLE	SD	4. TITLE	PD
NAME	KENDALL, ELIZABETH H.	4. NAME	Harold E. Kendall Jr.
STREET ADDRESS	14400 SW 232ND ST.	4. STREET ADDRESS	P.O. BOX 458 13000 SW 232 ST
CITY-ST-ZIP	GOULDS FL	4. CITY-ST-ZIP	Goolds, Fla. 33170
TITLE		5. TITLE	Secretary
NAME		5. NAME	George Gilmore
STREET ADDRESS		5. STREET ADDRESS	P.O. BOX 458 13000 SW 232 ST
CITY-ST-ZIP		5. CITY-ST-ZIP	Goolds, Fla. 33170
TITLE		6. TITLE	800001864538
NAME		6. NAME	-06/18/96--01010--054
STREET ADDRESS		6. STREET ADDRESS	***225.00
CITY-ST-ZIP		6. 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 607, Florida Statutes, and that my name appears in Block 13 if I listed, or on an attachment with a reference.

SIGNATURE: *[Signature]* DATE: *6/17/96*

CR2E034 (12/95)