

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L80956** (0)

1. Corporation Name
SELECT GROWERS, INC.



Principal Place of Business: **2636 ALHAMBRA AVE. DELAND FL 32720**
Mailing Address: **PO BOX 669 NA DELAND FL 32721-0669 US**

3. Date Incorporated or Qualified: **06/18/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24 Zip Country

4. FEI Number: **59-3018979**
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
**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
P.O. BOX 2491
DAYTONA BEACH FL 32115-2491**

10. Name and Address of New Registered Agent (81-85)
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 date of appointment. NOTE: Registered Agent's signature is required when submitting.

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CLIFTON, PATRICIA F	
STREET ADDRESS	2873 FLOWING WELL RD	
CITY - ST - ZIP	DELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLIFTON, LONNIE R.	
STREET ADDRESS	2664 ALHAMBRA AVE	
CITY - ST - ZIP	DELAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CLIFTON, GARY	
STREET ADDRESS	2873 FLOWING WELL RD	
CITY - ST - ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia F. Clifton* **Patricia F. Clifton** 4/17/96 904734-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)