

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90164 003 \*\*\*483.75

DOCUMENT # N01000002895

1. Corporation Name  
SEALD-SWEET GROWERS, INC.

400004081224--6

Principal Place of Business  
1991 74TH AVENUE  
P.O. BOX 6152 690152  
VERO BEACH FL 32969-0152

Mailing Address  
1991 74TH AVENUE  
P.O. BOX 6152 690152  
VERO BEACH FL 32969-0152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/21/1909	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0245960	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes the current year intangible	
				Personal Property Tax.	
				8. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BAER, KENNETH A 1991 74TH AVENUE VERO BEACH FL 32966				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

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 <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, RONALD	1.2 NAME	SEXTON, ROBERT G
STREET ADDRESS	536 POINT LANE	1.3 STREET ADDRESS	4650 17TH STREET SW
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	VERO BEACH, FL.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, EVERETTE	2.2 NAME	HUNT III, FRANK M
STREET ADDRESS	131 MAGNOLIA STREET	2.3 STREET ADDRESS	803 N. LAKESHORE BLVD
CITY-ST-ZIP	WINDERMERE FL 34786	2.4 CITY-ST-ZIP	LAKE WALES, FL. 33853
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORT, RICHARD A JR	3.2 NAME	JOHN LUTHER
STREET ADDRESS	500 N.E. 5TH STREET	3.3 STREET ADDRESS	555 HIGHWAY A1A
CITY-ST-ZIP	FORT MEADE FL 33841	3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATES, PHILIP C SR	4.2 NAME	JAMES L. PERCY
STREET ADDRESS	2323 SOUTH INDIAN RIVER DRIVE	4.3 STREET ADDRESS	1102 PASEO AVENUE
CITY-ST-ZIP	FT. PIERCE FL 34950	4.4 CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, BEN H III	5.2 NAME	SCHIRARD, J. BRANTLEY
STREET ADDRESS	700 SOUTH ALTERNATE HIGHWAY 27	5.3 STREET ADDRESS	1108 TRINIDAD AVENUE
CITY-ST-ZIP	FROSTPROOF FL 33843	5.4 CITY-ST-ZIP	FT. PIERCE, FL. 34982
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMNER, GEORGE F JR	6.2 NAME	SCHUMACHER, CHARLES R
STREET ADDRESS	995 SANDFLY LANE	6.3 STREET ADDRESS	523 PEAR STREET
CITY-ST-ZIP	VERO BEACH FL 32963	6.4 CITY-ST-ZIP	SEBRING, FL 33870

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXT 154  
3/9/99 561-569-2244  
Date Daytime Phone #

CR2E034 (1/198)