FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09868 (3)

1. Corporation Name
SANTA ROSA COUNTY GROWER'S VEGETABLE MARKET, INC

Principal Place of Business	Mailing Address
RT 2 BOX 1608 BAKER FL 32531	RT 2 BOX 1608 BAKER FL 32531

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2695363 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11091 Charlie Foster Rd.	26 11091 Charlie Foster Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Baker Fl	City & State 28 Baker Fl
Zip 24 32531 Country 25	Zip 29 32531 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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
KELLEY, CHARLES W. ~~RT 2 BOX 1608~~ 11091 Charlie Foster Rd BAKER FL 32531	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLEY, CHARLES W.	1.2 NAME	
STREET ADDRESS	~~RT 2 BOX 1608~~ 11091 Charlie Foster Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, JAMES, E	2.2 NAME	
STREET ADDRESS	RT. 6, BOX 333	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNINGTON, CHARLES, G	3.2 NAME	
STREET ADDRESS	RT. 6, BOX 270	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RIDDLES, ZANE	4.2 NAME	
STREET ADDRESS	RT. 6, BOX 144	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	BODAMER, BETTY, T	5.2 NAME	
STREET ADDRESS	805 MOCKINGBIRD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Charles W. Kelley Charles W Kelley 4/21/95 904-957-4023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B49