

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 # 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

3. Date Incorporated or Qualified
06/20/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **901 Lewis Rd.**

27 **901 Lewis Rd.**

City & State

City & State

23 **Milton, FL**

28 **Milton, FL**

Zip

Country

Zip

Country

24 **32570**

25

29 **32570**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLEY, CHARLES W.
RT 2 BOX 1608
BAKER FL 32531**

81 Name **Kennington, Charles G.**

82 Street Address (P.O. Box Number is Not Acceptable)

901 Lewis Rd.

83

84 City

Milton

FL

85 Zip Code
32570

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 **Charles G. Kennington, PD**

(NOTE: Registered Agent signature required when resigning)

DATE

Charles G. Kennington

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KELLEY, CHARLES W.**
STREET ADDRESS **RT 2 BOX 1608**
CITY-ST-ZIP **BAKER FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Kennington, Charles G**
1.3 STREET ADDRESS **901 Lewis Rd.**
1.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE **SD** ☐ DELETE
NAME **MCDONALD, JAMES, E**
STREET ADDRESS **RT. 6, BOX 333**
CITY-ST-ZIP **MILTON FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **Kelley, Charles W.**
2.3 STREET ADDRESS **11091 Charlie Foster Rd.**
2.4 CITY-ST-ZIP **Baker, FL 32531**

TITLE **VD** ☐ DELETE
NAME **KENNINGTON, CHARLES, G**
STREET ADDRESS **RT. 6, BOX 270**
CITY-ST-ZIP **MILTON FL**

3.1 TITLE **VD** ☐ Change ☐ Addition
3.2 NAME **Riddles, Zane**
3.3 STREET ADDRESS **Rt. 6 Box 144**
3.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☐ DELETE
NAME **RIDDLES, ZANE**
STREET ADDRESS **RT. 6, BOX 144**
CITY-ST-ZIP **MILTON FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **McDonald, James E.**
4.3 STREET ADDRESS **8800 Indian Ford Rd.**
4.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE **TD** ☐ DELETE
NAME **BODAMER, BETTY, T**
STREET ADDRESS **805 MOCKINGBIRD LANE**
CITY-ST-ZIP **MILTON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: **Charles W. Kelley** *Charles W. Kelley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

904-957-4023

CR2E037 (12/95)