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FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

**901 LEWIS RD
MILTON FL 32570
US**

**901 LEWIS RD
MILTON FL 32570-9478
US**

3. Date Incorporated or Qualified
06/20/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2695383

Applied For

Not Applicable

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

**CHARLES G. KENNINGTON
901 LEWIS RD
MILTON FL 32570**

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNINGTON, CHARLES G.	
STREET ADDRESS	901 LEWIS RD	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KELLEY, CHARLES W.	
STREET ADDRESS	11091 CHARLIE FOSTER RD	
CITY-ST-ZIP	BAKER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIDDLES, ZANE	
STREET ADDRESS	RT 6 BOX 144	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, JAMES E.	
STREET ADDRESS	8800 INDIAN FORD RD	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BODAMER, BETTY, T	
STREET ADDRESS	805 MOCKINGBIRD LANE	
CITY-ST-ZIP	MILTON FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T MUCROW, ROBERT R
5.3 STREET ADDRESS	6100 Cheyenne Drive
5.4 CITY-ST-ZIP	MILTON FL 32570
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 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 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:

SIGNATURE REQUIRED

Charles G. Kennington
Charles G. Kennington

4-24-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 0074467

CF2E037 (9/96)