


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 US |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

3. Date Incorporated or Qualified

06/20/1985

4. FEI Number

59-2695363

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KENNINGTON, CHARLES G. | |
| STREET ADDRESS | 901 LEWIS RD | |
| CITY-ST-ZIP | MILTON FL | |
| TITLE | SD | <input checked="" 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 | SD | <input type="checkbox"/> DELETE |
| NAME | MCDONALD, JAMES E. | |
| STREET ADDRESS | 8800 INDIAN FORD RD | |
| CITY-ST-ZIP | MILTON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MUCHOW, ROBERT F | |
| STREET ADDRESS | 6100 CHEYENNE DR | |
| CITY-ST-ZIP | MILTON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Kenneth M. Mitchum |
| 2.3 STREET ADDRESS | 9714 Jimmie Bridge Rd |
| 2.4 CITY-ST-ZIP | MILTON FL 32570 |
| 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 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 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 G. Kennington

4-15-98

CR2E037 (10/97)