

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32697**

1. Entity Name  
**FLORIDA FRUIT & VEGETABLE ASSOCIATION  
POLITICAL ACTION COMMITTEE, INCORPORATED**



Principal Place of Business

**800 TRAFALGAR CT  
STE 200  
MAITLAND, FL 32751 US**

Mailing Address

**P.O. BOX 948153  
MAITLAND, FL 32794 US**



04072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2995677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STUART, MICHAEL J  
800 TRAFALGAR CT  
STE 200  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STUART, MICHAEL J
STREET ADDRESS	800 TRAFALGAR CT STE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	DIMARE, TONY
STREET ADDRESS	5715 US HWY 41 NORTH
CITY-ST-ZIP	RUSKIN, FL 33575
TITLE	D
NAME	TAYLOR, R.JAY
STREET ADDRESS	932 5TH AVE. W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	NEILL, DAVID
STREET ADDRESS	2709 MCNEIL RD
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	D
NAME	ROBERTS, NAT
STREET ADDRESS	4001 SEMINOLE PRATT-WHITNEY RD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000897389  
04/25/08-80046-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

**Michael J. Stuart 04/10/08 (321) 214-5200**

Date

Daytime Phone #