

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 MAR -3 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37643 (6)**
1. Corporation Name
GADSDEN COUNTY TOMATO GROWERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2140 W. Jefferson St. 2140 W. Jefferson St.
Quincy, FL 32351 Quincy, FL 32351

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **04/12/1990** 3a. Date of Last Report **02/15/1994**
4. FEI Number **59-2901686** 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. 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
***RICHMOND, HAROLD S.**
227 E JEFFERSON ST
QUINCY FL 32351

10. Name and Address of New Registered Agent
81 Name **BOBBY R. DURDEN**
82 Street Address (P.O. Box Number is Not Acceptable) **2140 W. JEFFERSON ST.**
83
84 City **QUINCY** FL 85 Zip Code **32351**

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 *Bobby R. Durden* - **BOBBY R. DURDEN - SECRETARY** 2/28/95
(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	P
NAME	MAXWELL, WILL
STREET ADDRESS	218 W GRAVES ST
CITY - ST - ZIP	QUINCY FL
TITLE	D
NAME	SUBER, HARVEY
STREET ADDRESS	215 W JEFFERSON ST
CITY - ST - ZIP	QUINCY FL
TITLE	ST
NAME	DURDEN, BOBBY
STREET ADDRESS	2140 W JEFFERSON ST
CITY - ST - ZIP	QUINCY FL
TITLE	D
NAME	SMITH, THOMAS
STREET ADDRESS	RT 1 BOX 129
CITY - ST - ZIP	QUINCY FL
TITLE	D
NAME	FLETCHER, MAX
STREET ADDRESS	STATE RD #12
CITY - ST - ZIP	GREENSBORO FL
TITLE	D
NAME	VANLANDINGHAM, RICK
STREET ADDRESS	RT 1 BOX 322 Z
CITY - ST - ZIP	QUINCY FL

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 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, but 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: *Bobby R. Durden*
BOBBY R. DURDEN
(Signature and typed or printed name of signing officer or director)

2/21/95 984-627-6315
Date Filing Fee \$