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



Principal Place of Business Mailing Address
2140 W JEFFERSON STREET 2140 W JEFFERSON STREET
227 E JEFFERSON ST 227 E JEFFERSON ST
QUINCY FL 32351 QUINCY FL 32351-2426
US US

3. Date Incorporated or Qualified 04/12/1990
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address
21 2140 W. Jefferson St. 26 2140 W. Jefferson St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Quincy, FL 28 Quincy, FL
Zip Country Zip Country
24 32351 25 Country 29 32351 30 Country

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DURDEN, BOBBY R
2140 W JEFFERSON STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent
81 Name Ben F. Castro
82 Street Address (P.O. Box Number is Not Acceptable) 2140 W. Jefferson Street
83
84 City Quincy FL 85 Zip Code 32351

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 Ben F. Castro DATE 2/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/>
NAME	MAXWELL, WILL	
STREET ADDRESS	218 W GRAVES ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/>
NAME	SUBER, HARVEY	
STREET ADDRESS	215 W JEFFERSON ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	DURDEN, BOBBY	
STREET ADDRESS	2140 W JEFFERSON ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/>
NAME	SMITH, THOMAS	
STREET ADDRESS	RT 1 BOX 129	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	FLETCHER, MAX	
STREET ADDRESS	STATE RD #12	
CITY-ST-ZIP	GREENSBORO FL	
TITLE	D	<input type="checkbox"/>
NAME	VANLANDINGHAM, RICK	
STREET ADDRESS	RT 1 BOX 322 Z	
CITY-ST-ZIP	QUINCY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input type="checkbox"/>
3.2 NAME	Castro, Ben	<input checked="" type="checkbox"/>
3.3 STREET ADDRESS	2140 W. Jefferson St.	
3.4 CITY-ST-ZIP	Quincy, FL 32351	
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME	Daughtrey, Tom	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS	Hwy. 41, North	
5.4 CITY-ST-ZIP	Cecil, GA 31627	
6.1 TITLE		<input type="checkbox"/>
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 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: Ben F. Castro DATE: 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)