

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37643 (6)
 1. Corporation Name
GADSDEN COUNTY TOMATO GROWERS ASSOCIATION, INC.



Principal Place of Business 2140 W. JEFFERSON ST. QUINCY FL 32351 US	Mailing Address 2140 W JEFFERSON STREET QUINCY FL 32351 US
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3. Date Incorporated or Qualified 04/12/1990	
4. FEI Number 59-2901686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CASTRO, BEN F.
 2140 W. JEFFERSON STREET
 QUINCY FL 32351**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Ben F. Castro* **Ben F. Castro** **2/12/98**
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	<input type="checkbox"/> DELETE
NAME	MAXWELL, WILL	
STREET ADDRESS	218 W GRAVES ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUBER, HARVEY	
STREET ADDRESS	215 W JEFFERSON ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CASTRO, BEN	
STREET ADDRESS	2140 W JEFFERSON ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, THOMAS	
STREET ADDRESS	RT 1 BOX 129	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAUGHTREY, TOM	
STREET ADDRESS	HWY. 41, NORTH	
CITY-ST-ZIP	CECIL GA	
TITLE	D	<input type="checkbox"/> DELETE
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 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* **Ben F. Castro** **2/12/98 (850) 875-7255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000.178

CFR2037 (10/97)