FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N37643

(6)

GADSDEN COUNTY TOMATO GROWERS ASSOCIATION, INC.]	
Principal Place of Business Mailing Address						A results and with resid than ended has dead to the ender the control that
2140 W. JEFFERSON ST. 2140 W JEFFERSON : QUINCY FL 32351 QUINCY FL 32351 US US			REET			3. Date Incorporated or Qualified 04/12/1990
••		••				4. FEI Number Applied For
						59-2901686 Not Applicable
21	lace of Business	2a. Mailing Address 26	26			5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6.
Suite, Apt. #, etc. Suite, Apt. #						Election Campaign Financing \$5.00 May Be
22 27						Trust Fund Contribution Added to Fees
						7. Is this nonprofit corporation a homeowners association?
			Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30	,		Personal Property Tax due June 30. Yes No
=-1	9. Name and Address of Curre	_	1501			10. Name and Address of New Registered Agent
				81	Name	
CASTRO, BEN F.				82	Stroot Ad	ddress (P.O. Box Number is Not Acceptable)
2140 W. JEFFERSON STREET			ľ	02	SHOO! AU	durass (1.0. Box Number is Not Acceptable)
QUINCY FL 32351			Ī	83		
			}	84	City	85 Zip Code
					•	FL. J 1
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.						
office or registered agent, or both, in this State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am farmiliar with, and accept the obligations of, Section 617.0503, Florida Statutes,						
SIGNATURE						2/12/98
				Agen	t signature red	quired when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	MAXWELL, WILL	[_] DELETE	1.1 TITLE		[Change C Addition
NAME	218 W GRAVES ST		1.2 NAME 1.3 STREET ADDRESS			}
STREET ADDRESS	OLIMOV FI					
CITY-ST-ZIP	0	DELETE	1.4 CII 2.1 III		· ZIP	Change Addition
NAME	SUBER, HARVEY	Better		2.2 NAME		
STREET ADDRESS	215 W JEFFERSON ST		1	2.3 STREET ADDRE		}
CITY-ST-ZIP	QUINCY FL		2.3 STREET			
TITLE	ST	DELETE	_	3.1 TITLE		☐ Change ☐ Addition
NAME	CASTRO, BEN		3.2 NAME]	
STREET ADDRESS	2140 W JEFFERSON ST		3.3 STAEET		UDDRESS)	
CITY-ST-ZIP	OUINCY FL 3.4.		3.4. CI			
TITLE	D	☐ DELETE	4.1 TiT			Change Addition
NAME	SMITH, THOMAS		4 2 NAME		i	
STREET ADDRESS			4.3 ST	AEET A	ODRESS	
CITY-ST-ZIP	QUINCY FL		4.4 CITY - S		-ZIP	
TITLE	D	DELETE	_	5.1 TITLE		Change Addition
NAME			5.2 NA	ME	1	
STREET ADDRESS			5.3 \$11	REET A	ddress	
CITY - ST - ZIP	CECIL GA		5.4 CIT	5.4 CITY - ST - ZIF		
TITLE	D	☐ DELETE	6.1 717	6.1 TITLE		☐ Change ☐ Addition
NAME	VANLANDINGHAM, RICK		6.2 NA	ME]	
STREET ADDRESS	RT 1 BOX 322 Z		6.3 \$1	REET A	ddress	
	OUNCY EL					·

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.

Ben F. Castro SIGNATURE:

2/12/98 (850) 875-7255

FILED

Feb 18 1998 8:00am

Secretary of State