
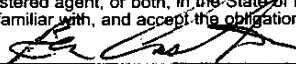


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90119 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>*ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N37643</b>					
1. Corporation Name <b>GADSDEN COUNTY TOMATO GROWERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2140 W. JEFFERSON ST.</b> <b>QUINCY FL 32351</b> <b>US</b>			Mailing Address <b>2140 W JEFFERSON STREET</b> <b>QUINCY FL 32351</b> <b>US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>04/12/1990</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2901686</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>			
9. Name and Address of Current Registered Agent  <b>CASTRO, BEN F.</b> <b>2140 W. JEFFERSON STREET</b> <b>QUINCY FL 32351</b>			10. Name and Address of New Registered Agent  <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
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 Castro, Treas.		2/9/99	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>MAXWELL, WILL</b>			1.2 NAME		
STREET ADDRESS <b>218 W GRAVES ST</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>QUINCY FL</b>			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SUBER, HARVEY</b>			2.2 NAME		
STREET ADDRESS <b>215 W JEFFERSON ST</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>QUINCY FL</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CASTRO, BEN</b>			3.2 NAME		
STREET ADDRESS <b>2140 W JEFFERSON ST</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>QUINCY FL</b>			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SMITH, THOMAS</b>			4.2 NAME		
STREET ADDRESS <b>RT 1 BOX 129</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>QUINCY FL</b>			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>DAUGHTREY, TOM</b>			5.2 NAME		
STREET ADDRESS <b>HWY. 41, NORTH</b>			5.3 STREET ADDRESS		
CITY-ST-ZIP <b>CECIL GA</b>			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>VANLANDINGHAM, RICK</b>			6.2 NAME		
STREET ADDRESS <b>RT 1 BOX 322 Z</b>			6.3 STREET ADDRESS		
CITY-ST-ZIP <b>QUINCY FL</b>			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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Ben Castro, Treas. 2/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)