

DOCUMENT # N37643

1. Entity Name

GADSDEN COUNTY TOMATO GROWERS ASSOCIATION, INC.

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90048 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2901686	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CASTRO, BEN F.  
2140 W. JEFFERSON STREET  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name: Henry G. Grant  
Street Address (P.O. Box Number is Not Acceptable): 2140 W. Jefferson St.  
Quincy FL  
City: Quincy FL Zip Code: 32351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Henry G. Grant DATE: 1/9/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, WILL 218 W GRAVES ST QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBER, HARVEY 215 W JEFFERSON ST QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTRO, BEN 2140 W JEFFERSON ST QUINCY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS RT 1 BOX 129 QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHTREY, TOM HWY. 41, NORTH CECIL GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANLANDINGHAM, RICK RT 1 BOX 322 Z QUINCY FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Henry G. Grant 2140 W. Jefferson St. Quincy, FL 32351	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry G. Grant DATE: 1/9/01

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)