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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:28

DOCUMENT # **N40749** **(6)**

1. Corporation Name
SUWANNEE RIVER GROWERS, INC.

Principal Place of Business	Mailing Address
C/O ALVIN HENDERSON ROUTE 1, BOX 2400 LEE FL 32060 US	C/O ALVIN HENDERSON ROUTE 1, BOX 2400 LEE FL 32060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1990
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-3051774 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DECKER, ANDREW
320 WHITE AVENUE
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, ALVIN	1.2 NAME	
STREET ADDRESS	RT 1 BOX 2400	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HERRING, DANNY	2.2 NAME	
STREET ADDRESS	RT 1 BOX 20	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMERON, HERB	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 298	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TUTEN, RENEE	4.2 NAME	
STREET ADDRESS	RT 2 BOX 1192	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, JULIAN	5.2 NAME	
STREET ADDRESS	RT. 1 BOX 2475	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FARGO, S. DALE	6.2 NAME	
STREET ADDRESS	419 HIBISCUS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any attachment with an address.

SIGNATURE: Alvin Henderson 3-16-95 904-971-5517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023000