

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **11/08/1990** 3a. Date of Last Report **03/22/1995**
4. FEI Number **59-3051774** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HENDERSON, ALVIN
STREET ADDRESS	RT 1 BOX 2400
CITY-ST-ZIP	LEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HERRING, DANNY
STREET ADDRESS	RT 1 BOX 20
CITY-ST-ZIP	LAKE PARK GA
TITLE	D <input type="checkbox"/> DELETE
NAME	CAMERON, HERB
STREET ADDRESS	RT. 2 BOX 298
CITY-ST-ZIP	LIVE OAK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TUTEN, RENEE
STREET ADDRESS	RT 2 BOX 1192
CITY-ST-ZIP	MADISON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDREWS, JULIAN
STREET ADDRESS	RT. 1 BOX 2475
CITY-ST-ZIP	LEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FARGO, S. DALE
STREET ADDRESS	419 HIBISCUS DRIVE
CITY-ST-ZIP	DEERFIELD BCH 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 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 an attachment with an address.

SIGNATURE: *Alvin Henderson* 2/9/1996 (904) 971-1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)