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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40749** (6)

1. Corporation Name

SUWANNEE RIVER GROWERS, INC.

Principal Place of Business

C/O ALVIN HENDERSON
ROUTE 1, BOX 2400
LEE FL 32000-32059
US

Mailing Address

C/O ALVIN HENDERSON
ROUTE 1, BOX 2400
LEE FL 32000-32059
US

3. Date Incorporated or Qualified

11/08/1990

4. FEI Number

59-3051774

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKER, ANDREW
320 WHITE AVENUE
LIVE OAK FL 32060

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HENDERSON, ALVIN
STREET ADDRESS
RT 1 BOX 2400
CITY-ST-ZIP
LEE FL

TITLE ☐ DELETE

NAME
HERRING, DANNY
STREET ADDRESS
RT 1 BOX 20
CITY-ST-ZIP
LAKE PARK GA

TITLE ☐ DELETE

NAME
CAMERON, HERB
STREET ADDRESS
RT. 2 BOX 298
CITY-ST-ZIP
LIVE OAK FL

TITLE ☐ DELETE

NAME
TUTEN, RENEE
STREET ADDRESS
RT 2 BOX 1192
CITY-ST-ZIP
MADISON FL

TITLE ☐ DELETE

NAME
ANDREWS, JULIAN
STREET ADDRESS
RT. 1 BOX 2475
CITY-ST-ZIP
LEE FL

TITLE ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Alvin Henderson
ALVIN HENDERSON

1-8-98 850-971-5517

CR2E037 (10/97)