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95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N93000003660 (8)**

1. Corporation Name

SWEET CORN GROWERS EXCHANGE, INCORPORATED

Principal Place of Business	Mailing Address
4401 E. COLONIAL DRIVE ORLANDO FL 32814	4401 E. COLONIAL DRIVE ORLANDO FL 32814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3203908 ☐ 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
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

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

9. Name and Address of Current Registered Agent

BROWN, REGINALD L
4401 E. COLONIAL DRIVE
ORLANDO FL 32814

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	DP	11 TITLE		☐ Change ☐ Addition
NAME	HUNDLEY, JOHN	12 NAME		
STREET ADDRESS	1216 EAST GALLOP DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	HALL, JOSEPH	22 NAME		
STREET ADDRESS	RT. 2	23 STREET ADDRESS		
CITY-ST-ZIP	O'BRIEN FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	MCNAIR, HAMILL	32 NAME		
STREET ADDRESS	RT. 3	33 STREET ADDRESS		
CITY-ST-ZIP	CAMILLA GA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	AKRIDGE, T E	42 NAME		
STREET ADDRESS	RT. 3, BOX 358	43 STREET ADDRESS		
CITY-ST-ZIP	CAMILLA GA 31730	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	NEWTON, ALVIN	52 NAME		
STREET ADDRESS	173B SOUTH CUTHBERT	53 STREET ADDRESS		
CITY-ST-ZIP	COLQUITT GA 31737	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	AS	☒ Change ☐ Addition
NAME	THOMPSON, JOE E	62 NAME	BROWN, REGINALD L	
STREET ADDRESS	RT. 2, BOX 648	63 STREET ADDRESS	4401 E COLONIAL DR	
CITY-ST-ZIP	CAMILLA GA 31730	64 CITY-ST-ZIP	ORLANDO FL	

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)(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: Reginald L. Brown, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95
Date

407/894-1351
Daytime Phone #

0004211