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FILED  
Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003660 (8)**

1. Corporation Name

**SWEET CORN GROWERS EXCHANGE, INCORPORATED**



Principal Place of Business <b>4401 E. COLONIAL DRIVE ORLANDO FL 32814</b>	Mailing Address <b>4401 E. COLONIAL DRIVE ORLANDO FL 32803-5219</b>
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3. Date Incorporated or Qualified **08/13/1993** 3a. Date of Last Report **03/06/1996**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent <b>BROWN, REGINALD L 4401 E. COLONIAL DRIVE ORLANDO FL 32814</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HUNDLEY, JOHN</b>
STREET ADDRESS	<b>1216 EAST GALLOP DRIVE</b>
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>HALL, JOSEPH</b>
STREET ADDRESS	<b>RT. 2</b>
CITY-ST-ZIP	<b>O'BRIEN FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>MCAIR, HAMILL</b>
STREET ADDRESS	<b>RT. 3</b>
CITY-ST-ZIP	<b>CAMILLA GA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AKRIDGE, T E</b>
STREET ADDRESS	<b>RT. 3, BOX 358</b>
CITY-ST-ZIP	<b>CAMILLA GA 31730</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NEWTON, ALVIN</b>
STREET ADDRESS	<b>173B SOUTH CUTHBERT</b>
CITY-ST-ZIP	<b>COLQUITT GA 31737</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, REGINALD L</b>
STREET ADDRESS	<b>4401 E. COLONIAL DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Cox, Glen</b>
1.3 STREET ADDRESS	<b>Route 2, Box 515</b>
1.4 CITY-ST-ZIP	<b>Camilla, GA 31730</b>
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 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.

CR2E037 (9/96)

June 7, 97