3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

08/13/1993

59-3203908

FEI Number

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300003660

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

SWEET CORN GROWERS EXCHANGE, INCORPORATED

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

4401 E. COLONIAL DRIVE ORLANDO FL 32814

4401 E. COLONIAL DRIVE ORLANDO FL 32814

Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90015 021 ****61.25

5 597629 - 90015 - 21 9 *	

401 E. COLONAL DRIVE ORLANDO FL 32814 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 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and an amount of registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and an advantage of registered agent and accept the obligations of 17.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and advantage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and advantage agent and accept the obligation of, Section 17.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment	BROWN, REGINALD L				Street	Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32814 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the Statu of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agent, or both, in the Statu of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agent and the fire decision. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. STREET ADDRESS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 25 899 St. R.J. 880 25 890 St. R.J. 880 25 890 St. R.J. 880 25 890 St. R.J. 880 26 R.J. ST. B. ST	4401 E. C	OLONIAL DRIVE								
### Provisions of Sections 617.0502 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS I 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME STREET ADDRESS CAMILLA GA 13. TITLE DP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. ORT/S1.2P CAMILLA GA 14. TITLE DP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. ORT/S1.2P 24. ORT/S1.2P CAMILLA GA 24. ORT/S1.2P CAMILLA GA 25. STREET ADDRESS COTY-S1.2P OFFICERS AND DIRECTORS 14. ORT/S1.2P OFFICERS AND DIRECTORS 15. STREET ADDRESS 16. ORT/S1.2P OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIR	ORLANDO	FL 32814		. 83				ļ		
11. Pursuant to the provisions of Sections 617 (5002 and 617 (5002 priorids 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 Florids, Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. CTVST2P 14. CTVST2P 15. CAMILLA GA 14. CTVST2P 15. CAMILLA GA 14. CTVST2P 15. CAMILLA GA 15. CAMILLA GA 16. CTVST2P 17. ST2P 17				84	City		85 Zip	Code		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept me appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept me appointment as registered agent, or both, in the State of Florida. Such change is provided retained agent and the if applicable. Provided State of Provided State of State of Provided State of State of Provided Name of registered agent and the if applicable. Provided State of State of			- 11 0			_ _	changing its	registered		
Signature, typed or printed name of registered spett and title if repolitable. (NOTE Registered Agent and title if repolitable.) 12	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									
12.	SIGNATURE Signature typed or printed name of registered edent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
TITLE							D DIRECTO			
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UIT-31-UP	STREET ADDRESS		1	6.3 STREET	ADDRESS]		
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indicated on this annual report or supplied with this limit does not quality for the exemplating 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 feceiver 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 or an attachment with an address, with all other like empowered.

SIGNATURE: