


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: \$236.25).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000003660</b>					
1. Corporation Name <b>SWEET CORN GROWERS EXCHANGE, INCORPORATED</b>					
Principal Place of Business 4401 E. COLONIAL DRIVE ORLANDO FL 32814			Mailing Address 4401 E. COLONIAL DRIVE ORLANDO FL 32814		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/13/1993 4. FEI Number 59-3203908 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>BROWN, REGINALD L 4401 E. COLONIAL DRIVE ORLANDO FL 32814</b>			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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, GLEN		1.2 NAME	Hundley, John L.	
STREET ADDRESS	RT 2, BOX 515		1.3 STREET ADDRESS	25849 St. Rd. 880	
CITY-ST-ZIP	CAMILLA GA		1.4 CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JOSEPH		2.2 NAME	HALL, JOSEPH	
STREET ADDRESS	RT. 2		2.3 STREET ADDRESS	19620 N. County Rd 349	
CITY-ST-ZIP	O'BRIEN FL		2.4 CITY-ST-ZIP	O'BRIEN, FL 32071	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, HAMILL		3.2 NAME	MCNAIR, HAMILL	
STREET ADDRESS	RT. 3		3.3 STREET ADDRESS	Russell Rd., Rt. 3, Box 396	
CITY-ST-ZIP	CAMILLA GA		3.4 CITY-ST-ZIP	Camilla, GA 31730	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKRIDGE, T E		4.2 NAME		
STREET ADDRESS	RT. 3, BOX 358		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAMILLA GA 31730		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, REGINALD L		5.2 NAME		
STREET ADDRESS	4401 E. COLONIAL DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/99

0001390

CR2E037 (5/99)