

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # N93000004911 (4)

1. Corporation Name

ST. AUGUSTINE ONION GROWERS EXCHANGE, INCORPORATED



Principal Place of Business

Mailing Address

4401 E. COLONIAL DR.
ORLANDO FL 32814

4401 E. COLONIAL DR.
ORLANDO FL 32803-5218

3. Date Incorporated or Qualified
11/02/1993

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-3214556

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

10. Name and Address of New Registered Agent

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

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 D Richard
NAME JONES, DAVID
STREET ADDRESS 545 C. R. 13-A S.
CITY-ST-ZIP ELKTON FL 32033 Pres

TITLE D Danny
NAME JOHNS, F.C.
STREET ADDRESS 6245 C. R. 13 S.
CITY-ST-ZIP HASTINGS FL 32145

TITLE D
NAME BARNARD, GREGG VP
STREET ADDRESS P.O. BOX 423 N/A
CITY-ST-ZIP HOLLISTER FL 32145

TITLE D
NAME BEACH, JERRY
STREET ADDRESS 6400 C. R. 214
CITY-ST-ZIP ST. AUGUSTINE FL 32082

TITLE D
NAME ROBINSON, FRANK G Sec/T
STREET ADDRESS 8970 CR 13A N
CITY-ST-ZIP ST AUGUSTINE FL

TITLE AS
NAME BROWN, REGINALD L
STREET ADDRESS 4401 E. COLONIAL DRI
CITY-ST-ZIP ORLANDO FL

1.1 TITLE D
1.2 NAME Jones, Richard
1.3 STREET ADDRESS 545 C.R. 13A-S
1.4 CITY-ST-ZIP ELKTON, FL 32033

2.1 TITLE D
2.2 NAME Johns, Danny
2.3 STREET ADDRESS 6245 C.R. 13 S
2.4 CITY-ST-ZIP Hastings, FL 32145

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE

June 7 1997 407 894-1351

CR2E037 (9/96)