

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90066 038 \*\*\*\*61.25

**DOCUMENT # N94000005859**

1. Entity Name  
**FLORIDA TANGERINE GROWERS EXCHANGE,  
INCORPORATED**



Principal Place of Business  
**4401 E. COLONIAL DR.  
ORLANDO, FL 32814**

Mailing Address  
**4401 E. COLONIAL DR.  
ORLANDO, FL 32814**

**24002313**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3309392**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BESS, MIKE  
4401 E. COLONIAL DR.  
ORLANDO, FL 32814**

Name **Danny Rawlerson**

Street Address (P.O. Box Number is Not Acceptable)

**4401 East Colonial Drive**

City **Orlando**

**FL**

Zip Code **32814**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/14/04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **JENNINS II, ROU**  
STREET ADDRESS **400 SOUTH BAY STREET**  
CITY-ST-ZIP **EUSTIS, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STEPHENS, MARTIN**  
STREET ADDRESS **39017 GOLDEN GERN DR**  
CITY-ST-ZIP **UMATILLA, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GORDON, MATT**  
STREET ADDRESS **4889 N US 1**  
CITY-ST-ZIP **VERO BEACH, FL 329612763**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROE, QUENTIN J**  
STREET ADDRESS **500 AVENUE R, SW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☒ Delete  
NAME **BESS, MIKE**  
STREET ADDRESS **4401 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO, FL 32814**

TITLE **AS** ☒ Change ☐ Addition  
NAME **Danny Rawlerson**  
STREET ADDRESS **4401 E. Colonial Dr.**  
CITY-ST-ZIP **Orlando, FL 32814**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/04**