FILE NOW: FILING FEE IS $61.25

FILED
Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000000653 (3)**

1. Corporation Name

SWEETWATER CO-OP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1014 LAKE ALFRED FL 33850	P.O. BOX 1014 LAKE ALFRED FL 33850-1014

3. Date Incorporated or Qualified: 02/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21 15 Edinburgh Drive
Suite, Apt. #, etc.
22
City & State
23 Haines City, FL
Zip 24 33844 Country 25 USA

2a. Mailing Address
26 P. O. Box 505
Suite, Apt. #, etc.
27
City & State
28 Lake Alfred, FL
Zip 29 33850 Country 30 USA

4. FEI Number: 59-3371524 ☐ 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

COLLING, LEE J.
20 N. ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Lee Jay Colling
82 Street Address (P.O. Box Number is Not Acceptable): 500 N. Maitland Avenue, Suite 203
83
84 City: Maitland **FL** 85 Zip Code: 32751

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: Lee Jay Colling 2-21-97
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	☐ DELETE	1.1 TITLE	D, P	☐ Change ☒ Addition
NAME	ALLEN, RICHARD D		1.2 NAME	Mabel Huffman	
STREET ADDRESS	87 STRAPHMORE DR.		1.3 STREET ADDRESS	149 Victoria Drive	
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ DELETE	2.1 TITLE	D, V	☐ Change ☒ Addition
NAME	DREW, R. C		2.2 NAME	Wesley Crabtree	
STREET ADDRESS	287 DARTMOUTH DR.		2.3 STREET ADDRESS	18 Edinburgh Drive	
CITY-ST-ZIP	HAINES CITY FL 33844		2.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ DELETE	3.1 TITLE	D,S	☐ Change ☒ Addition
NAME	HARRISON, ELVIRA W		3.2 NAME	Arlene Nickens	
STREET ADDRESS	131 VICTORIA DR.		3.3 STREET ADDRESS	116 Victoria Drive	
CITY-ST-ZIP	HAINES CITY FL 33844		3.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ DELETE	4.1 TITLE	D, T	☐ Change ☒ Addition
NAME	DENNETT, JO ANN W		4.2 NAME	Clifford Jackman	
STREET ADDRESS	19 EDINBURGH DR.		4.3 STREET ADDRESS	159 Townbridge	
CITY-ST-ZIP	HAINES CITY FL 33844		4.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BRAY, JAMES D		5.2 NAME	Walt Hill	
STREET ADDRESS	330 MELBOURN DR.		5.3 STREET ADDRESS	154 Victoria Drive	
CITY-ST-ZIP	HAINES CITY FL 33844		5.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WELLS, RAYMOND N		6.2 NAME	Robert Donker	
STREET ADDRESS	182 DARTMOUTH DR.		6.3 STREET ADDRESS	82 Straphmore	
CITY-ST-ZIP	HAINES CITY FL 33844		6.4 CITY-ST-ZIP	Haines City, FL 33844	

CR2E037 (9/96)

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: Mabel E Huffman RECEIVED 2/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053800