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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002925 (3)

1. Corporation Name

FLORIDA PERSIMMON GROWERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

23950 NE 135TH AVE RD
ORANGE SPRINGS FL 32182

P.O. BOX 183
ORANGE SPRINGS FL 32182-0183

3. Date Incorporated or Qualified
06/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 18353-114 Place

26 18353-114 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Live Oak FL

28 Live Oak FL

Zip

Country

Zip

Country

24 32060

25

29 32060

30

4. FEI Number

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

TUCKER, VERNON A
23950 NE 135TH AVE RD
ORANGE SPRINGS FL 32182

81 Name Helbling, Richard

82 Street Address (P.O. Box Number is Not Acceptable)
18353-114 Place

83

84 City Live Oak

FL

85 Zip Code 32060

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

Richard Helbling RICHARD HELBLING

4-24-97

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

(NOTE: Registered Agent signature required when re/instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME TUCKER, VERNON A
STREET ADDRESS P.O. BOX 183
CITY-ST-ZIP ORANGE SPRINGS FL 32182

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME HELBLING, RICHARD
STREET ADDRESS 23950 NW 15TH MANOR
CITY-ST-ZIP PLANTATION FL 33322

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 18353-114 Place
2.4 CITY-ST-ZIP Live Oak FL 32060

TITLE ☐ DELETE
NAME DS
STREET ADDRESS MYERS, E C
CITY-ST-ZIP RT-3 BOX 107
TRENTON FL 32693

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 14651 NE CR 339
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DT
STREET ADDRESS MERCER, JAMES D
CITY-ST-ZIP RT-3 BOX 370-A
CHIEFLAND FL 32626

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 10351 NW 20 AVE
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS BLACKWELL, RICHARD M
CITY-ST-ZIP 6115 MAIN ST
NEW PORT RICHEY FL 34653

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS BRUMMER, SARA L
CITY-ST-ZIP 5256 W ANTHONY RD
OCALA FL 34479

6.1 TITLE ☐ Change ☐ Addition
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:

Richard Helbling RICHARD HELBLING

4-9-97

(904) 776-2794

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone 0003864

CR2E037 (9/96)