SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jul 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002925 (3)

FLORIDA PERSIMMON GROWERS ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address		- 1 100(1)31 070 10110 Q1117 80111 80117 80117 80118 118 118 118 118 118 118 118 118 1		
18353-114 PLACE LIVE OAK FL 32060		18353-114 PLACE LIVE OAK FL 32060	LIVE OAK FL 32060		3. Date Incorporated or Qualified 06/04/1996		
US		US	US		4. FEI Number	Applied For	
	_				NOT APPLICABLE	Not Applicable	
2. Principal P	lace of Business	2a. Malling Address			5. Certificate of Status Desired	8.75 Additional Fee Regulred	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	The second second second		6. Election Campaign Financing	5.00 May Be	
22		27	27			Added to Fees	
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowners association?		
23		28	28		Yes No		
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year intangible		
24 25		29	29 30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
				81 Name			
HELBLING, RICHARD 18353-114 PLACE			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
LIVE OAK FL 32060			8:	3			
LITE UNIT	1 5 92000		L				
			8-	4 City	FL ⁸	5 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 familier with, and accept the obligations of, section 617.0503, Florida Statutes.							
agent. I am raminar with, and accept the obligations of, section 617.0003, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	DV	DELETE	1.1 TITLE		——————————————————————————————————————	Change Addition	
NAME	HELBLING, RICHARD	[_] sec.	1,2 NAME			Critingo Hadditon	
STREET ADDRESS	18353-114 PLACE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-	ST-ZIP			
TITLE	DS	DELETE	2.1 TITLE			Change Addition	
NAME	MYERS, E C		2.2 NAME	.	لـــا	Onongo [] roomon	
STREET ADDRESS	1400 / N.T. OT 440		2.3 STRE	STREET ADDRESS			
CITY-ST-ZIP	TRENTON FL		2,4 OffY-	ST-ZIP			
TITLE	DT	DELETE	3.1 TITLE			Change Addition	
NAME	MERCER, JAMES D		3.2 NAME			Criticis	
STREET ADDRESS	10351 NW 20 AVE		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CHREFLIND FL		3,4 CITY-	l l			
TITLE	D DELETE		4.1 TITLE			Change Addition	
NAME	BLACKWELL, RICHARD M		4.2 NAME	:		VIII.IUV	
STREET ADDRESS	6115 MAIN ST		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		4,4 CITY				
TITLE			5.1 TITLE			Change Addition	
NAME	BRUMMER, SARA L		5.2 NAME	:		Onengo	
STREET ADDRESS	5256 W ANTHONY RD		5.3 STREE	ET ADDRESS			
CITY-ST-ZIP	OCALA FL 34479		5.4 CITY-	ST-ZIP			
TITLE			6.1 TITLE			Change Addition	
NAME	£ .	vecets		<u> </u>			
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-ZIP	•		6,4 CITY-				
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify for th	e exemptio	on stated in se	ection 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 comporation 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, ar op an attachment with an address.							