## **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

N96000004672 (9) DOCUMENT #

## **FILED** Jun 09 1997 8:00am Secretary of State

POLE BEAN GROWERS EXCHANGE, INCORPORATED										
Principal Place of Business Mailing Address						- -		TEL BOOLD BOKE IS	ADIA IIOI ABOL	
4401 E. COLONIAL DRIVE 4401 E. COLONIAL DRIVE ORLANDO FL 32814 ORLANDO FL 32803-5219										
-						3. Date Incorporated or Qualified 09/05/1996	3a. Da	ite of Last R	eport	7
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	FEI Number Applied For			
21		26							ot Applicable	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>–</b>			5. Certificate of Status Desired		\$8.75		ĺ
22 City & Stat	A	City & State				0.51.45-0.45-5		Fee Re	<del></del>	┨
23		28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip	Country	Zip	<u> </u>			8. This corporation has liability for i				┨
24	25	29	30	·		Florida Statutes Yes No			. 100.002	
	9, Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	Agent		]
			8	11 Nam	10					1
	, REGINALD L		82			ss (P.O. Box Number is Not Acceptab	le)			1
	COLONIAL DRIVE									1
ORLAND	OO FL 32814		Įŧ	3						ı
			8	4 City			FL	85 Zip (	Code	1
11 Pureupot	to the provisions of Sections 617 0503	and 617 1508 Florida Statut	oe the abo	WO DOM	ad corpo	ration submits this statement for the o		obenning it	e registered	-
office or r	egistered agent, or both, in the State	of Florida, Such change was a	sulhorized	by the co	orporatio	oration submits this statement for the points board of directors. I hereby accept	t the app	ointment as	registered	Ì
	m tamiliar with, and accept the obliga	tions of, Section 617.0503, Fig	orida Statut	es.						
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (NOT	E: Registered A	gent signat	ure required	d when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12	18
TITLE	D	☐ DELETE	1.1 TITLI	Ē				☐ Change	Addition	ð
NAME	RHODES, J.D. JR.			E						3,1
STREET ADDRESS			1.3 STRE	ET ADDRES	s					Ĭ
C/TY-ST-ZIP	ORLANDO FL 32814	T priere		·ST-ZIP				1 05	T Aggree	79
TITLE	DUNAGAN, LARRY	☐ DELETE	2.1 TITLE					L. Change	Addition	1
NAME CYDEEY ABDDEOG	4401 E. COLONIAL DRIVE		2.2 NAM		.					
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32814			ET ADDRES '- ST-ZIP	8					
TITLE	D	DELETE	3.1 TITLE		+			Change	Addition	┪
NAME	SANDERS, JEFFREY D	<del></del>	3.2 NAM	E				_ •	_	ŀ
STREET ADDRESS	4401 E. COLONIAL DRIVE		3.3 STRE	et addres:	s					
CITY-ST-ZIP	ORLANDO FL 32814		3.4. CITY	-ST-ZIP						
TITLE	Q	DELETE	4.1 TITLE					Change	☐ Addition	1
NAME .	AMES, ROBERT K		4. 2 NAM	1E						l
STREET ADDRESS	4401 E. COLONIAL DRIVE		4.3 STRE	et addres:	s					ļ
CITY-ST-ZIP	ORLANDO FL 32814		4.4 CITY							_
TITLE	D Henioed Wavne	☐ DELETE	5.1 TITLE					L Change	Addition	
NAME	HEDIGER, WAYNE 4401 E. COLONIAL DRIVE		5.2 NAM							
STREET ADDRESS	ORLANDO FL 32814			ET ADDRESS	\$					
CITY-ST-ZIP TITLE	UNLYHUU FL 32014	DELETE	5.4 CITY 6.1 TITLE		<del></del>			Change	Addition	4
NAME		ت مربداد	6.2 NAM					Onange		ı
STREET ADDRESS				e Et addres:						
CITY-ST-ZIP			6.4 CITY		۱ ا					1
	au agriffy that the information aumation	with this filing does not qualify				in Postion 110 07/2\(i) Florida Ptatuto	n 1 6	nortify that		4

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 Blook 12 or Block 3 if changed, or on an attachment with an address.

4M 890 -1251