

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003227 (2)**

1. Corporation Name

THE QUINCY TOMATO GROWERS EXCHANGE, INC.

Principal Place of Business

Mailing Address

**2140 W JEFFERSON ST
QUINCY FL 32351**

**2140 W JEFFERSON ST
QUINCY FL 32351**

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAXWELL, WILLIAM M
218 N GRAVES
QUINCY FL 32351**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

William M. Maxwell

William M. Maxwell

2/12/98

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANLANDINGHAM, RICHARD B		1.2 NAME	
STREET ADDRESS	RT 1 BOX 349 SR 65D		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENBORO FL 32324		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, DONALD O		2.2 NAME	
STREET ADDRESS	1710 FACEVILLE ATTAPULGUS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA 31717		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PAUL G		3.2 NAME	
STREET ADDRESS	218 N GRAVES ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODELL, GERARD B JR		4.2 NAME	
STREET ADDRESS	440 S SHELPER ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, WILLIAM M		5.2 NAME	
STREET ADDRESS	218 N GRAVES ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		5.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBER, W H		6.2 NAME	
STREET ADDRESS	1521 W WASHINGTON ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		6.4 CITY-ST-ZIP	

14. 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 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:

William M. Maxwell

William M. Maxwell

2/12/98

(850) 875-7255

CR2E037 (10/97)