SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -1 PM 5:39
08-09-1999 90003 010 ****61.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003227

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

08/09/99 90003 010 $61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/02/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 593605079 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: [signature] 7/14/99
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	V ☐ Change ☐ Addition
NAME	VANLANDINGHAM, RICHARD B	1.2 NAME	Brown, Reginald L.
STREET ADDRESS	RT 1 BOX 349 SR 65D	1.3 STREET ADDRESS	4401 E Colonial Dr.
CITY-ST-ZIP	GREENBORO FL 32324	1.4 CITY-ST-ZIP	Orlando, FL 32814
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ 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 ☐ DELETE	3.1 TITLE	☐ Change ☐ 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 ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ODELL, GERARD B JR	4.2 NAME	
STREET ADDRESS	440 S SHELFER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ 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 ☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: [signature] **REQUIRED** 9/16/99 407-851-4351
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)