

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90100 024 \*\*\*\*61.25

**DOCUMENT # N97000003227**

1. Entity Name  
**THE QUINCY TOMATO GROWERS EXCHANGE, INC.**



Principal Place of Business  
**2140 W JEFFERSON ST  
QUINCY, FL 32351**

Mailing Address  
**2140 W JEFFERSON ST  
QUINCY, FL 32351**

**94006877**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3605079**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BESS, MIKE D  
4401 E COLONIAL DR  
ORLANDO, FL 32814**

7. Name and Address of New Registered Agent

Name **Danny Rawlerson**

Street Address (P.O. Box Number is Not Acceptable)

**4401 E Colonial Dr.**

City **Orlando**

**FL**

Zip Code  
**32814**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-26-04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **VANLANDINGHAM, RICHARD B**  
STREET ADDRESS **RT 1 BOX 349 SR 65D**  
CITY-ST-ZIP **GREENBORO, FL 32324**

TITLE **D** ☐ Delete  
NAME **ALBRITTON, DONALD O**  
STREET ADDRESS **1710 FACEVILLE ATTAPULGUS RD**  
CITY-ST-ZIP **BAINBRIDGE, GA 31717**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, PAUL G**  
STREET ADDRESS **218 N GRAVES ST**  
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE **D** ☐ Delete  
NAME **ODELL, GERARD B JR**  
STREET ADDRESS **440 S SHELFER ST**  
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE **D** ☐ Delete  
NAME **MAXWELL, WILLIAM M**  
STREET ADDRESS **218 N GRAVES ST**  
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE **D** ☐ Delete  
NAME **SUBER, W H**  
STREET ADDRESS **1521 W WASHINGTON ST**  
CITY-ST-ZIP **QUINCY, FL 32351**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Change ☒ Addition  
NAME **Danny Rawlerson**  
STREET ADDRESS **4401 E Colonial Dr.**  
CITY-ST-ZIP **Orlando, FL 32814**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-26-04**