
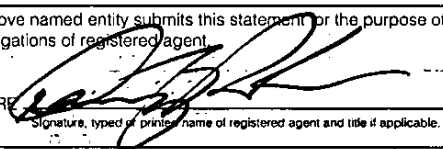



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90030 027 \*\*\*\*61.25

<b>DOCUMENT # N97000003227</b> 1. Entity Name <b>THE QUINCY TOMATO GROWERS EXCHANGE, INC.</b>					
Principal Place of Business <b>2140 W JEFFERSON ST QUINCY, FL 32351</b>			Mailing Address <b>2140 W JEFFERSON ST QUINCY, FL 32351</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 948153</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Maitland, FL</b>		4. FEI Number <b>59-3605079</b>	
Zip <b>32794-8153</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01172005 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  <b>RAWLERSON, DANNY</b> <b>4401 E COLONIAL DR.</b> <b>ORLANDO, FL 32814</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Danny Raulerson</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 Trafalgar Court, Suite 200</b>  City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>1/31/05</b>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VANLANDINGHAM, RICHARD B</b> <b>RT 1 BOX 349 SR 65D</b> <b>GREENBORO, FL 32324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VanLandingham, Richard <b>P.O. Box 38</b> <b>Greensboro, FL 32330</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALBRITTON, DONALD O</b> <b>1710 FACEVILLE ATTAPULGUS RD</b> <b>BAINBRIDGE, GA 31717</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Manley, Kent III</b> <b>14200 Bonita Beach Rd SE</b> <b>Bonita Springs, FL 34135</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILLIAMS, PAUL G</b> <b>218 N GRAVES ST</b> <b>QUINCY, FL 32351</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Murray, Dale</b> <b>3654 Faceville Hwy.</b> <b>Bainbridge, GA 31717</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ODELL, GERARD B JR</b> <b>440 S SHELTER ST</b> <b>QUINCY, FL 32351</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Smith, Thomas</b> <b>9540 Flat Creek Road</b> <b>Quincy, FL 32351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAXWELL, WILLIAM M</b> <b>218 N GRAVES ST</b> <b>QUINCY, FL 32351</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Osborne, Michael</b> <b>15000 Old 41 North</b> <b>Naples, FL 34110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SUBER, W H</b> <b>1521 W WASHINGTON ST.</b> <b>QUINCY, FL 32351</b>	<input checked="" type="checkbox"/> Delete			
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:  DATE: <b>1/31/05</b>					