
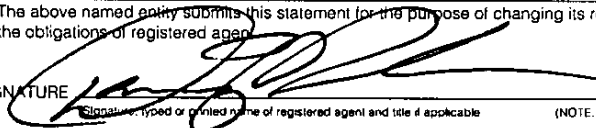
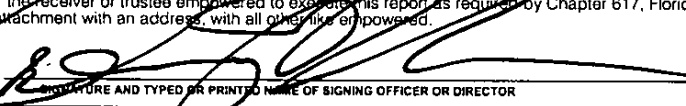


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90261 050 \*\*\*\*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>PO BOX 948153 MAITLAND, FL 32794-8153</b>		
2. Principal Place of Business <b>800 Trafalgar Ct.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Maitland, FL</b>			
Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Maitland, FL</b>		Suite, Apt. #, etc.  City & State  		01092006 Chg-NP CR2E037 (11/05)	
Zip <b>32751</b>		Country <b>USA</b>		4. FEI Number <b>59-3605079</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAULERSON, DANNY 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <b>1-9-06</b>  <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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 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 <input type="checkbox"/> Delete <b>VANLANDINGHAM, RICHARD B PO BOX 38 GREENSBORO, FL 32330</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MANLEY, KENT III 14200 BONITA BEACH RD SE BONITA SPRINGS, FL 34135</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MURRAY, DALE 3654 FACEVILLE HWY BAINBRIDGE, GA 31717</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>SMITH, THOMAS 9540 FLAT CREEK ROAD QUINCY, FL 32351</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MAXWELL, WILLIAM M 218 N GRAVES ST QUINCY, FL 32351</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>OSBORNE, MICHAEL 15000 OLD 41 NORTH NAPLES, FL 34110</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <span><b>1-9-06</b></span> <span>Date</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Daytime Phone #</span> </div>	