

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003227**

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



Principal Place of Business  
**800 TRAFALGAR CT.  
STE. 200  
MAITLAND, FL 32751**

Mailing Address  
**PO BOX 948153  
MAITLAND, FL 32794-8153**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3605079**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**RAULERSON, DANNY  
800 TRAFALGAR COURT, SUITE 200  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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

**1-15-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
VANLANDINGHAM, RICHARD B  
PO BOX 38  
GREENSBORO, FL 32330**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MANLEY, KENT III  
14200 BONITA BEACH RD SE  
BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MURRAY, DALE  
3654 FACEVILLE HWY  
BAINBRIDGE, GA 31717**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SMITH, THOMAS  
9540 FLAT CREEK ROAD  
QUINCY, FL 32351**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
OSBORNE, MICHAEL  
15000 OLD 41 NORTH  
NAPLES, FL 34110**

000000590967  
01/19/07-80004-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-07**