

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90026 037 ****61.25

DOCUMENT # N99000004192

1. Entity Name
**THE VEGETABLE GROWERS EXCHANGE,
INCORPORATED**



Principal Place of Business
**4401 EAST COLONIAL DRIVE
ORLANDO, FL 32814**

Mailing Address
**PO BOX 140155
ORLANDO, FL 32814**

50006864



2. Principal Place of Business
**800 Trafalgar Court
Suite, Apt. #, etc.
Suite 200**

3. Mailing Address
**P.O. Box 948153
Suite, Apt. #, etc.**

01032005 Chg-NP CR2E037 (10/03)

City & State
Maitland, FL

City & State
Maitland, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32794-8153

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAULERSON, DANNY
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32814**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
800 Trafalgar Court, Suite 200
City
Maitland FL Zip Code
32751

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]

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

(NOTE: Registered Agent signature required when reinstating)

1-18-05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	<input type="checkbox"/> Delete
NAME	SPENCER, DONALD	
STREET ADDRESS	RT. 2 BOX 2775	
CITY-ST-ZIP	QUITMAN, GA 31643	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, DAVID	
STREET ADDRESS	PO BOX 932	
CITY-ST-ZIP	LAKE PARK, GA 31636	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, KENT T.	
STREET ADDRESS	2775 ELLENTON-NORMAN PARK RD.	
CITY-ST-ZIP	NORMAN PARK, GA 31771	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIM, WILLIAM L	
STREET ADDRESS	P.O. BOX 822	
CITY-ST-ZIP	TIFTON, GA 31794	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, JOE	
STREET ADDRESS	423 SOUTHERFIELD RD.	
CITY-ST-ZIP	AMERICUS, GA 31709	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, GIBBS JR.	
STREET ADDRESS	165 COLLEGE AVE.	
CITY-ST-ZIP	OMEGA, GA 31775	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-05 271-214-5200