FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082008 (1)**

1. Corporation Name
COOPERATIVE GROWERS, INC.

Principal Place of Business	Mailing Address
543 SUNRIDGE PLACE APT. 104 ALTAMONTE SPRINGS FL 32714	543 SUNRIDGE PLACE APT. 104 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 229 BIRDIEWOOD Ct.
22: Suite, Apt. #, etc.
23: City & State: DeBary, FL.
24: Zip: 32713 25: Country: USA

2a. Mailing Address
26: P.O. Box 916028
27: Suite, Apt. #, etc.
28: City & State: Longwood, FL
29: Zip: 32791 30: Country: USA

4. FEI Number: 59-3284164 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JONES, DEBRA G
543 SUNRIDGE PLACE
APT. 104
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Jones, Debra G
82 Street Address (P.O. Box Number is Not Acceptable): 229 Birdiewood Ct.
83:
84 City: DeBary FL 85 Zip Code: 32713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Debra G Jones — Debra G. Jones — 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	11 TITLE	DPST	☑ Change ☐ Addition
NAME	JONES, DEBRA G	12 NAME	Jones, Debra G.	
STREET ADDRESS	543 SUNRIDGE PLACE, APT. 104	13 STREET ADDRESS	229 BIRDIEWOOD CT.	
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY ST ZIP	DeBary, FL 32713	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra G Jones — 4-28-95 — (407) 668-8253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #
Debra G. Jones

0038039 CP