

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # U00018 (5)
1. Corporation Name
THE NATURAL CAROTENE PRODUCTS COOPERATIVE, INC.



Principal Place of Business

Mailing Address

**WEST HIGHWAY 44
P. O. BOX 1300
EUSTIS FL 32726**

**WEST HIGHWAY 44
P. O. BOX 1300
EUSTIS FL 32726**

3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2799088

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

10. Name and Address of New Registered Agent

**WARFEL, TIMOTHY J.
215 SOUTH MONROE ST.,
SUITE 701
TALLAHASSEE FL 32301**

81 Name **BROWN, THOMAS H**
82 Street Address (P.O. Box Number is Not Acceptable)
504 JENNIFER LANE
83
84 City **WINDERMERE** FL 85 Zip Code **34786**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LONG, BILL**
STREET ADDRESS **LUST ROAD**
CITY - ST - ZIP **PLYMOUTH FL**

TITLE **TD** ☐ DELETE
NAME **CLOUNTS, REX**
STREET ADDRESS **LUST ROAD**
CITY - ST - ZIP **PLYMOUTH, FL**

TITLE **GMD** ☐ DELETE
NAME **BROWN, JERRY P.**
STREET ADDRESS **WEST HWY. 44**
CITY - ST - ZIP **EUSTIS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **34125 PARK VIEW**
3.4 CITY - ST - ZIP **EUSTIS, FL 32726**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **300001829223**
5.4 CITY - ST - ZIP **-05/20/96--01044--002**
*****61.25**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-96

604 352-4441

CR2E037 (12/95)