## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # U00018

(5)

THE NATURAL CAROTENE PRODUCTS COOPERATIVE, INC.

13					
Principal Plac	e of Business	Mailing Address			
WEST HIGHWAY 44 P. O. BOX 1300 EUSTIS FL 32726		WEST HIGHWAY 44 P. O. BOX 1300 EUSTIS FL 32727-1300			
				3. Date Incorporated or Qualified 12/31/1986	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2799088	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25		30	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,  Yes No
	9, Name and Address of Currer	t Registered Agent		10. Name and Address of New Reg	jistered Agent
BROWN, THOMAS H 504 JENNIPER LANE WINDERMERE FL 84786				Address (P.O. Box Number is Not Acceptable ST.	FL 85 Zip Code,
Oπice or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig Signature, typod or printed name of registered age	of Florida, Such change was au ations of, Section 617.0503, Flor	s, the above-named ithorized by the corp ida Statutes.	Corporation submits this statement for the pooration's board of directors. I hereby accep	t the appointment as registered
12.	OFFICERS AN		Registered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 40
TITLE	PO	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	LONG, BILL	<u> </u>	1.2 NAME		C CHANGE C ROUNCE
STREET ADDRESS	LUST ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	CLOUNTS, REX		22 NAME		:
STREET ADDRESS	LUST ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH, FL		2.4 CITY-ST-ZIP		
TITLE	GMD IEDDV 2	DELETE	3.1 TITLE		Change   Addition
NAME	BROWN, JERRY P.		3.2 NAME	2021 1 dow 44	
STREET ADDRESS	34125 PARK VIEW EUSTIS FL 32726		3.3 STREET ADDRESS	2231 W. HWY 44 Eustis, FL 32726	
CITY-ST-ZIP TITLE	E03113 FL 32720	DELETE	3.4. CITY - ST - ZIP	Eustis, FL 32146	Change Addition
NAME		La pecere	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		İ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS	) + 1 - 2()		6 3 STREET ADDRESS		
CITY-ST-ZIP	•		6 4 CITY-ST-ZIP		
14. I do 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 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 with 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 production with an address.					