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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # U00036 (7)**

1. Corporation Name

**FLORIDA BELL PEPPER GROWERS EXCHANGE INCORPORATE**  
**D**



Principal Place of Business

Mailing Address

**4401 E COLONIAL DR.  
P.O. BOX 140155  
ORLANDO FL 32814-0155**

**4401 E COLONIAL DR.  
P.O. BOX 140155  
ORLANDO FL 32814-0155**

3. Date Incorporated or Qualified  
**12/13/1989**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, REGINALD L  
4401 E COLONIAL DR  
ORLANDO FL 32814**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

1.1 TITLE STD ☐ Change ☒ Addition

NAME CURRY, A.B., JR.  
STREET ADDRESS 807 E MAIN ST  
CITY-ST-ZIP IMMOKALEE FL

1.2 NAME LOUKENEN, EVERETT  
1.3 STREET ADDRESS 1320 N. 15TH STREET  
1.4 CITY-ST-ZIP IMMOKALEE FL

TITLE AS ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME BROWN, REGINALD L  
STREET ADDRESS 4401 E COLONIAL  
CITY-ST-ZIP ORLANDO FL

2.2 NAME ☐ Change ☐ Addition

TITLE STD ☒ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME MERCER, JAMES  
STREET ADDRESS COUNTY ROAD 858  
CITY-ST-ZIP IMMOKALEE FL

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD ☒ DELETE

3.1 TITLE PD ☒ Change ☐ Addition

NAME BARFIELD, FREDERICK  
STREET ADDRESS 836 MAIN STREET  
CITY-ST-ZIP IMMOKALEE FL

3.2 NAME MERCER, JAMES

TITLE ☐ DELETE

3.3 STREET ADDRESS 601 E. MAIN

NAME

3.4 CITY-ST-ZIP IMMOKALEE FL

STREET ADDRESS

4.1 TITLE VPD ☐ Change ☒ Addition

CITY-ST-ZIP

4.2 NAME BARFIELD, JAMES

NAME

4.3 STREET ADDRESS 837 MAIN STREET

STREET ADDRESS

4.4 CITY-ST-ZIP IMMOKALEE FL

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME ☐ Change ☐ Addition

CITY-ST-ZIP

6.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

STREET ADDRESS

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: Reginald L. Brown**

**February 12, 1996**

**407/894-1351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)