


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90106 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790894
 1. Corporation Name
CALAVO GROWERS OF CALIFORNIA

Principal Place of Business 2530 RED HILL AVENUE SANTA ANA CA 92705-5542	Mailing Address PO BOX 26081 SANTA ANA CA 92799-6081
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/04/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 95-0591900
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVPO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETTERVIK, ERWIN	1.2 NAME	
STREET ADDRESS	2530 RED HILL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92705-5542	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNGE, SCOTT H	2.2 NAME	
STREET ADDRESS	2530 RED HILL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92705-5542	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONE, EGIDIO	3.2 NAME	
STREET ADDRESS	2530 RED HILL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92705-5542	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIMUND, JERRY	4.2 NAME	
STREET ADDRESS	2530 RED HILL AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92705-5542	4.4 CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, LECIL E	5.2 NAME	
STREET ADDRESS	2530 RED HILL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92705-5542	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RONALD G	6.2 NAME	
STREET ADDRESS	2530 RED HILL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92705-5542	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: STEFANUS CORRELLA, TREASURER Date: 4/19/99 (949) 223-7111

CR2E037 (1/1/98)