



FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 159662 1. Entity Name GROVE FRUIT PACKING CO., INC.				Secretary of State		
Principal Place of Business 1143 S. KANSAS AVE. GROVELAND, FL 34736		Mailing Address POST OFFICE BOX 8 GROVELAND, FL 34736 US				
DO NOT WRITE IN THIS SPACE						
				04292004 No Chg-P CR2E034 (10/03)		
				4. FEI Number 59-0603778		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GERACI, JANE 1143 S. KANSAS AVENUE GROVELAND, FL 34736				DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD GERACI, JANE 1143 SOUTH KANSAS AVE GROVELAND, FL 34736					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD GERACI, MICHELE 8533 54TH AVE CIR EAST BRADENTON, FL 34202					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD GERACI, RUDY 1143 S. KANSAS AVE. GROVELAND, FL 34736					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD GERACI, ANITA 1114 S MAIN AVE GROVELAND, FL 34736					
TITLE NAME STREET ADDRESS CITY-ST- ZIP						
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <i>Jane Geraci</i> JANE GERACI		4/29/04 352-429-2992				