

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90163 045 \*\*\*150.00

DOCUMENT # 396119

1. Corporation Name  
GRACEWOOD FRUIT CO.

Principal Place of Business  
1626 90TH AVENUE  
P O BOX 370  
VERO BEACH FL 32961-7370

Mailing Address  
1626 90TH AVENUE  
P O BOX 370  
VERO BEACH FL 32961-7370



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/18/1972

4. FEI Number  
59-1384474

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

RICHARDSON, DANFORTH K  
1626 90TH AVENUE  
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE CD ☐ DELETE  
NAME RICHARDSON, DANFORTH K.  
STREET ADDRESS 1855 28 AVENUE  
CITY-ST-ZIP VERO BCH. FL

TITLE PD ☐ DELETE  
NAME LUTHER, JOHN M  
STREET ADDRESS 555 SOUTH A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FL

TITLE TS ☐ DELETE  
NAME PEREZ, TOMAS RENE  
STREET ADDRESS 2019 CORTEX AVENUE  
CITY-ST-ZIP VERO BEACH FL

TITLE ATD ☐ DELETE  
NAME HOPKINS, SUSAN R.  
STREET ADDRESS 265 RIVERWAY DR  
CITY-ST-ZIP VERO BCH. FL

TITLE VPD ☐ DELETE  
NAME KAHLE, GEORGE A  
STREET ADDRESS 6020 SW 5TH STREET  
CITY-ST-ZIP VERO BCH. FL 32968

TITLE ASD ☐ DELETE  
NAME LUTHER, NANCY R  
STREET ADDRESS 555 SOUTH A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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  
3.4 CITY-ST-ZIP

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  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TOMAS RENE PEREZ - TREASURER

4/26/99

561-567-1NT

Daytime Phone #

EXT 333

CR2E034 (11/98)

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