

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 414811 (0)

1. Corporation Name

G & D FRUIT CORPORATION

Principal Place of Business

1070 12TH STREET  
P O BOX 1029  
VERO BEACH FL 32961  
US

Mailing Address

1070 12TH STREET  
P O BOX 1029  
VERO BEACH FL 32961  
US



|                                |         |                     |         |  |  |                                       |  |
|--------------------------------|---------|---------------------|---------|--|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified<br>12/18/1972  |  | 3a. Date of Last Report<br>07/27/1995 |  |
| 21                             |         | 26                  |         | 4. FEI Number<br>59-1584830  |  | Applied For<br>Not Applicable         |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required        |  |
| 22                             |         | 27                  |         | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees           |  |
| City & State                   |         | City & State        |         | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |
| 23                             |         | 28                  |         |  |  |                                       |  |
| Zip                            | Country | Zip                 | Country |  |  |                                       |  |
| 24                             |         | 29                  |         |  |  |                                       |  |

9. Name and Address of Current Registered Agent

STINSON, GEORGE  
6880 16TH ST  
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 individual signatory (if not applicable)

Date of Signature (if not applicable)

Date

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STINSON, JAMES                     | 1.2 NAME  |   |
| STREET ADDRESS             | 1455 35 AVENUE                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VERO BEACH FL                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STINSON, GEORGE                    | 2.2 NAME  |   |
| STREET ADDRESS             | 6880 16TH ST                       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VERO BEACH FL                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 3.2 NAME  |   |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Stinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-96 561-567-4456

Date

Daytime Phone #

CR2E034 (12/95)