

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

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 644863 (3)
1. Corporation Name
GROWERS REFRIGERATED EXPRESS, INC.



Principal Place of Business P.O. BOX 6425 LAKELAND FL 33807-6425	Mailing Address P.O. BOX 6425 LAKELAND FL 33807-6425
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3. Date Incorporated or Qualified 11/01/1979	3a. Date of Last Report 06/14/1996
4. FEI Number 59-1946672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2025 Ind. Pk Rd. Suite, Apt. #, etc. 22 Buena #1 City & State 23 Mulberry FL Zip 24 33860 Country 25 B/K	2a. Mailing Address 26 PO Box 6425 Suite, Apt. #, etc. 27 City & State 28 Lakeland FL Zip 29 33807-6425 Country 30 B/K
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9. Name and Address of Current Registered Agent OGLESBY, JAMES B 2935 ELIZABETH PLACE LAKELAND FL FL 33813	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	ST OGLESBY, JAMES B 2935 ELIZABETH PLACE LAKELAND FL
NAME	OGLESBY, JAMES B 2935 ELIZABETH PLACE LAKELAND FL
STREET ADDRESS	OGLESBY, JAMES B 2935 ELIZABETH PLACE LAKELAND FL
CITY-ST-ZIP	OGLESBY, BEVERLY R. 2935 ELIZABETH PLACE LAKELAND FL
TITLE	P OGLESBY, BEVERLY R. 2935 ELIZABETH PLACE LAKELAND FL
NAME	OGLESBY, BEVERLY R. 2935 ELIZABETH PLACE LAKELAND FL
STREET ADDRESS	OGLESBY, BEVERLY R. 2935 ELIZABETH PLACE LAKELAND FL
CITY-ST-ZIP	OGLESBY, BEVERLY R. 2935 ELIZABETH PLACE LAKELAND FL
TITLE	D KJEER, TODD D. 3407 N LAKE PLANT CITY FL
NAME	KJEER, TODD D. 3407 N LAKE PLANT CITY FL
STREET ADDRESS	KJEER, TODD D. 3407 N LAKE PLANT CITY FL
CITY-ST-ZIP	KJEER, TODD D. 3407 N LAKE PLANT CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ DATE _____
54-87 425-460

CR2E034 (9/96)