


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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 644863 (3) 1. Corporation Name GROWERS REFRIGERATED EXPRESS, INC.		



Principal Place of Business P.O. BOX 6425 STE. 1 LAKELAND FL 33807-6425 US	Mailing Address P.O. BOX 6425 LAKELAND FL 33807-6425
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Same 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. Same 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/01/1979	4. FEI Number 59-1946672	Applied For Not Applicable
24		25		29		30
9. Name and Address of Current Registered Agent OGLESBY, JAMES B 2935 ELIZABETH PLACE LAKELAND FL FL 33813				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	
NAME	OGLESBY, JAMES B	1.2 NAME	
STREET ADDRESS	2935 ELIZABETH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	
NAME	OGLESBY, JAMES B	2.2 NAME	
STREET ADDRESS	2935 ELIZABETH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	OGLESBY, BEVERLY R.	3.2 NAME	
STREET ADDRESS	2935 ELIZABETH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KJEER, TODD D.	4.2 NAME	
STREET ADDRESS	3407 N LAKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ DATE: 4-21-98 941 425-8600

CR2E034 (10/97)