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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790507** (8)

1. Corporation Name

FLORIDA GIFT FRUIT SHIPPERS ASSOCIATION



Principal Place of Business 521 N KIRKMAN RD. ORLANDO FL 32808	Mailing Address 521 N KIRKMAN RD. ORLANDO FL 32808-7644
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3. Date Incorporated or Qualified 03/23/1946	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0549072	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BALL, JOSEPH E.
6622 NIGHTWIND CIRCLE
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

61 Name	62 Street Address (P.O. Box Number is Not Acceptable)	63	64 City	65 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVIDSON, GLEN E		1.2 NAME Chaires, J. Peter	
STREET ADDRESS 210 HWY 27N		1.3 STREET ADDRESS 160 Lombardy Rd	
CITY-ST-ZIP DUNDEE FL		1.4 CITY-ST-ZIP Winter Springs, FL 32708	
TITLE MTD	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALL, JOSEPH E		2.2 NAME Bonnet, Christopher P	
STREET ADDRESS 6622 NIGHTWIND CIRCLE		2.3 STREET ADDRESS 5577 SW Highway 72	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Arcadia, FL 33821	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUDSON, JOHN B JR		3.2 NAME Akos, Virginia	
STREET ADDRESS 1481 US HWY #1		3.3 STREET ADDRESS 233 Lincolnshire Rd	
CITY-ST-ZIP VEDRO BEACH FL 32961-1388		3.4 CITY-ST-ZIP Winter Park, FL 32792	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ball, Joseph E		4.2 NAME Ball, Joseph E	
STREET ADDRESS 142 W Magnolia St		4.3 STREET ADDRESS 142 W Magnolia St	
CITY-ST-ZIP Graveland, FL 34736		4.4 CITY-ST-ZIP Graveland, FL 34736	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ REQUIRED

3/10/97

Date Daytime Phone # 0016859

CR2E037 (9/96)