

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 03/23/1946	
4. FEI Number 59-0549072	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALL, JOSEPH E.
6622 NIGHTWIND CIRCLE
ORLANDO FL 32818

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 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 *Joseph E. Ball* **Joe Ball** **3/30/98**

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CHAIRES, J. PETER
STREET ADDRESS	160 LOMBARDY RD
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BALL, JOSEPH E
STREET ADDRESS	142 W MAGNOLIA ST
CITY - ST - ZIP	GROVELAND FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HUDSON, JOHN B JR
STREET ADDRESS	1481 US HWY #1
CITY - ST - ZIP	VEDRO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AKOS, VIRGINIA
STREET ADDRESS	233 LINCOLNSHIRE RD
CITY - ST - ZIP	WINTER PARK FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	BONNET, CHRISTOPHER P.
STREET ADDRESS	5577 SW HIGHWAY 72
CITY - ST - ZIP	ARCADIA FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	Blood, James
STREET ADDRESS	4600 Linton Boulevard
CITY - ST - ZIP	Delray Beach, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chaires, J. Peter
1.3 STREET ADDRESS	457 Cardinal Oaks Court
1.4 CITY - ST - ZIP	Lake Mary, FL. 32746
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 checked="" type="checkbox"/> Addition
6.2 NAME	Blood, James
6.3 STREET ADDRESS	4600 Linton Boulevard
6.4 CITY - ST - ZIP	Delray Beach, FL. 33445

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Joseph E. Ball* **JOSEPH E. BALL**

3/30/98 **407/295-1491**

CP2E037 (10/97)