FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:34

DOCUMENT # **H15404** **(7)**

1. Corporation Name
RIVERFRONT GROVES GIFT FRUIT SHIPPERS, INC.

Principal Place of Business
4889 N. FEDERAL HWY
P.O. BOX K1148
VERO BEACH FL 32961-8148

Mailing Address
4889 N. FEDERAL HWY
P.O. BOX K1148
VERO BEACH FL 32961-8148

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1984
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21 4889 N. Federal Hwy
22 Suite, Apt. #, etc.
23 City & State: Vero Beach FL
24 Zip: 32967
25 Country: Indian River

2a. Mailing Address
26 P.O. Box 1148
27 Suite, Apt. #, etc.
28 City & State: Vero Beach FL
29 Zip: 32961
30 Country: Indian River

4. FEI Number: 59-2508198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
MARINE, CHRISTOPHER H.
979 BEACHLAND BLVD
VERO BEACH FL 32963

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHEY, DANIEL R.	1.2 NAME	
STREET ADDRESS	4889 N US #1	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, D. VICTOR JR.	2.2 NAME	
STREET ADDRESS	4889 N US #1	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, D. VICTOR, SR.	3.2 NAME	
STREET ADDRESS	4889 N US #1	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH. FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHEY, AUDREY K.	4.2 NAME	
STREET ADDRESS	4889 N US #1	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH. FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: Audrey K. Richey 4/3/95 (407) 562-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0421403 FP