

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J27007 (0)

1. Corporation Name

GRIMES FRUIT CO., INC.

Principal Place of Business

205 GOOD HOMES RD
ORLANDO FL 32835
US

Mailing Address

205 GOOD HOMES RD
ORLANDO FL 32835
US



3. Date Incorporated or Qualified
08/01/1986

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

21 1621 MYRTLE AV.

2a. Mailing Address

26 1621 MYRTLE AV.

4. FEI Number
59-2710971

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

23 SEBRING, FL

City & State

28 SEBRING, FL

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

Zip Country

24 33871 25 HIGHLAND

Zip Country

29 33871 30 HIGHLAND

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, C. DWIGHT, C.P.A.
80 ROYAL PALM BLVD
STE 202
VERO BEACH FL 32960

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

(If 11: Registered Agent Signature required after filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P GRIMES, VIRGIL J., JR.
STREET ADDRESS
1621 MYRTLE
CITY-ST-ZIP
SEBRING FL

TITLE ☐ DELETE

NAME
ST STRICKLAND, JAN B.
STREET ADDRESS
205 GOOD HOMES RD.
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2. TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE

6.2 NAME
6.3 STREET ADDRESS
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:

JAN B. Strickland, Sec. Treas.

5-13-96

(407) 293-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)