FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005886 (6)**

1. Corporation Name

GRAPEFRUIT GROWERS EXCHANGE, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4401 E COLONIAL DRIVE ORLANDO FL 32814	4401 E COLONIAL DRIVE ORLANDO FL 32814

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report:
4. FEI Number: 59-3309389 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

BROWN, REGINALD L
4401 E COLONIAL DRIVE
ORLANDO FL 32814

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D P	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, DARYL C	1.2 NAME		
STREET ADDRESS	5235 22ND STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	RUSSAKIS, JIM C	2.2 NAME	SOUD, CAREY	
STREET ADDRESS	8801 INDRIO ROAD	2.3 STREET ADDRESS	RT. 2, BOX 1210	
CITY-ST-ZIP	FT PIERCE FL 34951	2.4 CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	D	3.1 TITLE	AS	☒ Change ☐ Addition
NAME	STRAZZULLA, PHILIP P	3.2 NAME	BROWN, REGINALD L.	
STREET ADDRESS	4102 SABAL PALM BLVD	3.3 STREET ADDRESS	4401 E. COLONIAL DR.	
CITY-ST-ZIP	VERO BEACH FL 32964	3.4 CITY-ST-ZIP	ORLANDO FL 32814	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, EDGAR A	4.2 NAME		
STREET ADDRESS	13939 INDRIO ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 33945	4.4 CITY-ST-ZIP		
TITLE	DVP	5.1 TITLE		☐ Change ☐ Addition
NAME	BEALE, JOSEPH	5.2 NAME		
STREET ADDRESS	1671 THUMBPOINT DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34949	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, DAN C	6.2 NAME		
STREET ADDRESS	1901 S INDIAN RIVER DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34950	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)(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: Reginald L. Brown, Assistant Secretary — 4/25/95 — 407/894-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000210