

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90009 040 \*\*\*\*61.25

**DOCUMENT # N94000005886**

1. Corporation Name

**GRAPEFRUIT GROWERS EXCHANGE, INCORPORATED**

Principal Place of Business

4401 E COLONIAL DRIVE  
ORLANDO FL 32814

Mailing Address

4401 E COLONIAL DRIVE  
ORLANDO FL 32814



602417 - 90009 - 40

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/29/1994

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, DARYL C	
STREET ADDRESS	5235 22ND STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SOD, CAREY	
STREET ADDRESS	ROUTE 2 BOX 1210	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROWN, REGINALD L	
STREET ADDRESS	4401 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, EDGAR A	
STREET ADDRESS	13939 INDRIO ROAD	
CITY-ST-ZIP	FT PIERCE FL 33945	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEALE, JOSEPH	
STREET ADDRESS	1671 THUMBPOINT DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, DAN C	
STREET ADDRESS	1901 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE FL 34950	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACOBS, DARYL C	
1.3 STREET ADDRESS	5795 Glen Eagle Ln	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32967-7549	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)