

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90049 008 ****61.25

DOCUMENT # N94000005886

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3309389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESS, MIKE
4401 E COLONIAL DRIVE
ORLANDO, FL 32814

Name Danny Rawlerson
Street Address (P.O. Box Number is Not Acceptable)
4401 East Colonial Drive
City Orlando **FL** **Zip Code** 32814

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JACOBS, DARYL C
STREET ADDRESS 5795 GLEN EAGLE LN
CITY-ST-ZIP VERO BEACH, FL 329677549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME SOLD, CAREY
STREET ADDRESS ROUTE 2 BOX 1210
CITY-ST-ZIP CLEWISTON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME BESS, MIKE D
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE AS ☒ Change ☐ Addition
NAME Danny Rawlerson
STREET ADDRESS 4401 E. Colonial Dr.
CITY-ST-ZIP Orlando, FL 32814

TITLE D ☐ Delete
NAME BROWN, EDGAR A
STREET ADDRESS 13939 INDRIO ROAD
CITY-ST-ZIP FT PIERCE, FL 33945

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BEALE, JOSEPH
STREET ADDRESS 1671 THUMBPOINT DRIVE
CITY-ST-ZIP FT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCOTT, DAN C
STREET ADDRESS 1901 S INDIAN RIVER DR
CITY-ST-ZIP FT PIERCE, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #