

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S25947** (0)

1. Corporation Name

DELTA FRUIT COMPANY



Principal Place of Business

1717 INDIAN RIVER BLVD
STE. 300
VERO BEACH FL 32960
US

Mailing Address

1717 INDIAN RIVER BLVD
STE. 300
VERO BEACH FL 32960
US

3. Date Incorporated or Qualified
01/18/1991

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **3036 20th St**
Suite, Apt. #, etc.

26 **P.O. Box 6276**
Suite, Apt. #, etc.

4. FEI Number

59-3049822

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

22 City & State

23 **Vero Beach, FL**

24 Zip **32960**

Country

27 City & State

28 **Vero Beach, FL**

29 Zip **32960**

Country

9. Name and Address of Current Registered Agent

GARRIS, CHARLES E.
817 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]
Signature typed or printed in block capitals and block initials (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
JARVIS, WILLIAM S.
445 GREYTWIG ROAD
VERO BEACH FL
SVP
RICHEY, DANIEL
4889 US HIGHWAY 1
VERO BEACH FL
D
RICHEY, DANIEL
4889 US HIGHWAY 1
VERO BEACH FL
SD
GRAVES, W. C., IV
4344 SW 2ND SQUARE
VERO BEACH FL
TD
HAMMOND, THOMAS S.
71 E DIVISION APT 1702
CHICAGO IL
D
GRAVES, W.C. III
5680 4TH ST
VERO BEACH FL

☒ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96
Date

(407) 565-5733
Daytime Phone #

CR2E034 (12/95)