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0481326

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90116 016 ***150.00

DOCUMENT # 001774

1. Corporation Name
MANATEE FRUIT COMPANY

Principal Place of Business	Mailing Address
1320 33RD ST W PALMETTO FL 34221 US	PO BOX 31 BRADENTON FL 34206 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1892

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-0342890 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, NATHAN B
~~111 E MADISON ST~~
~~FIRST FLORIDA TOWER, 23RD FL~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. TAMPA STREET
83: Suite 2700
84 City: TAMPA FL 85 Zip Code: 33602-5804

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	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	PRESTON, WHITING H. II		1.2 NAME		
STREET ADDRESS	~~8307 MARINA DR~~		1.3 STREET ADDRESS	1509 4th STREET W	
CITY-ST-ZIP	~~HOMES BCH FL~~		1.4 CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	SVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRESTON,WALTER L		2.2 NAME		
STREET ADDRESS	1511 51ST STREET, WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRESTON, FLAVIA F		3.2 NAME		
STREET ADDRESS	1511 51ST ST W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIMBREL, C DAN		4.2 NAME		
STREET ADDRESS	1312 COMFORT RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached page with an address, with all other like empowered.

SIGNATURE: _____ 4-16-99 941-721-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)