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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90076 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 293714

1. Corporation Name

M. E. STEPHENS & SONS FRUIT COMPANY, INC.

Principal Place of Business

2632 CHICAGO AVE.
SEBRING FL 33870

Mailing Address

2632 CHICAGO AVE.
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1965

4. FEI Number

59-1110008

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

2. Principal Place of Business
1103 S.E. LAKEVIEW DR.
SEBRING, FL 33870

2a. Mailing Address
1103 S.E. LAKEVIEW DR.
SEBRING, FL 33870

21. City & State

26. City & State

22. Zip Country

27. Zip Country

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS III, M E
2632 CHICAGO AVE.
SEBRING FL 33870

81. Name **STEPHENS IV, M.E.**

82. Street Address (P.O. Box Number is Not Acceptable)
1021 S.E. LAKEVIEW DR.

83.

84. City **SEBRING,** **FL** 85. Zip Code **33870**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **STEPHENS, NANCY BETH**
STREET ADDRESS **2632 CHICAGO AVE**
CITY-ST-ZIP **SEBRING, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **STEPHENS III, M E**
CITY-ST-ZIP **2632 CHICAGO AVE**
SEBRING, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **STEPHENS IV, M E**
CITY-ST-ZIP **1021 S E LAKEVIEW DR**
SEBRING, FL 00000

3.1 TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **STEPHENS IV, MARION E.**
3.3 STREET ADDRESS **1021 S.E. LAKEVIEW DR.**
3.4 CITY-ST-ZIP **SEBRING, FL. 33870**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **STEPHENS, NANCY BETH**
CITY-ST-ZIP **2632 CHICAGO AVE**
SEBRING, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
5.2 NAME **STEPHENS V, MARION E.**
5.3 STREET ADDRESS **1021 S.E. LAKEVIEW DR.**
5.4 CITY-ST-ZIP **SEBRING, FL. 33870**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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

1/12/99

Date

(941) 385-8329

Daytime Phone #

CR2E034 (1/98)