

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 551924 (4)

1. Corporation Name

SUNBURST TROPICAL FRUIT COMPANY

Principal Place of Business

Mailing Address

7113 HOWARD RD.  
PO BOX 514  
BOKEELIA FL 33922

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PO BOX 514  
BOKEELIA FL 33922



3. Date Incorporated or Qualified

11/23/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1779094

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROCHOWSKI, G E  
7113 HOWARD RD  
BOKEELIA FL 33922

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 typed or printed. Location of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when entering change.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD ☐ DELETE  
NAME GROCHOWSKI, RAYMOND M  
STREET ADDRESS 1866 BENEVA CT  
CITY-ST-ZIP SARASOTA FL 34232

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME GROCHOWSKI, JANET B  
STREET ADDRESS 7113 HOWARD RD.  
CITY-ST-ZIP BOKEELIA, FL 00000 33922

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MORAN, LAURA M  
STREET ADDRESS 1235 FOX FORREST CIR  
CITY-ST-ZIP APOPKA FL 32712

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME GROCHOWSKI, GERARD E  
STREET ADDRESS 7113 HOWARD RD.  
CITY-ST-ZIP BOKEELIA, FL 00000 33922

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MORAN, JOHN  
STREET ADDRESS 1235 FOX FORREST CIR  
CITY-ST-ZIP APOPKA FL 32712

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*A. E. Grochowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

241  
283-1200  
Dwayne P. Brown

CR2E034 (3/96)