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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90221 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 551924

1. Corporation Name

SUNBURST TROPICAL FRUIT COMPANY

Principal Place of Business

7113 HOWARD RD.
PO BOX 514
BOKEELIA FL 33922

Mailing Address

7113 HOWARD RD.
PO BOX 514
BOKEELIA FL 33922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1977

4. FEI Number

59-1779094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GROCHOWSKI, G E
7113 HOWARD RD
BOKEELIA FL 33922

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

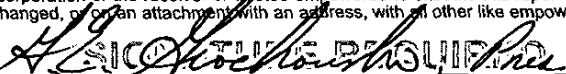
6.2 NAME

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 or without other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

941-283-1200
Daytime Phone #

CR2E034 (11/98)