


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 696417 (5)**  
 1. Corporation Name  
**FLORIDA FRESH-PAK CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2020 US HIGHWAY 17 SOUTH BARTOW FL 33830 US</b>	Mailing Address <b>P.O. BOX 2158 BARTOW FL 33831-2158 US</b>
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3. Date Incorporated or Qualified  
**07/28/1981**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number  
**59-2119756**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**ALEXANDER, JOHN R  
 2020 U.S. HWY. 17 SOUTH  
 BARTOW FL 33830**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, GENE	1.2 NAME	
STREET ADDRESS	2020 US HWY 17 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BEN HILL III	2.2 NAME	
STREET ADDRESS	700 S ALT HWY 27	2.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, W. BERNARD	3.2 NAME	
STREET ADDRESS	640 S MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JOHN R	4.2 NAME	
STREET ADDRESS	2020 US HWY 17 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUWELHEIDE, DALE A	5.2 NAME	
STREET ADDRESS	2020 US HWY 17 SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **1-30-98** **941-533-0551**

CR2E034 (10/97)