FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F47915** **(6)**

1. Corporation Name

SARASOTA FRUITVILLE, INC.

Principal Place of Business	Mailing Address
5820 N FEDERAL HWY STE B	5820 N FEDERAL HWY STE B
BOCA RATON FL 33487	BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1981
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21 1100 5TH AVE SO.	26 1100 5TH AVE SO.
22 Suite, Apt. #, etc. 201	27 Suite, Apt. #, etc. 201
23 City & State NAPLES, FL	28 City & State NAPLES, FL
24 Zip 33940 25 Country U.S.	29 Zip 33940 30 Country U.S.

4. FEI Number: 59-2126298 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI % SHUTTS & BOWEN 201 S BISCAYNE BLVD MIAMI FL 33131	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 _____ 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	~~TD~~	11 TITLE		☐ Change ☐ Addition
NAME	~~JOHNSON, W JOHN~~	12 NAME	delete	
STREET ADDRESS	~~5820 NORTH FED HWY~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON, FL 00000~~	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	PERRONE , STEPHEN L	22 NAME		
STREET ADDRESS	201 S BISCAYNE BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☑ Change ☐ Addition
NAME	PICKEL, GARY R.	32 NAME		
STREET ADDRESS	~~5820 NORTH FED HWY~~	33 STREET ADDRESS	1100 5TH AVE SO. # 201	
CITY-ST-ZIP	~~BOCA RATON FL~~	34 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	~~AS~~	41 TITLE		☐ Change ☐ Addition
NAME	~~DURANSEAU, ROSEMARIE~~	42 NAME	delete	
STREET ADDRESS	~~5820 NORTH FED HWY~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL~~	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☑ Addition
NAME	WANKLYN, JOHN A.	52 NAME		
STREET ADDRESS	1100 5TH AVE SO. #201	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 33940	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: John A. Wanklyn ✓ 813-649-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN A. WANKLYN

0278014 CP