

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **H59796** (3)

95 JAN 31 PM 2: 57

1. Corporation Name  
**ORANGE-CO DISPENSER SERVICES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**2020 U.S. HWY. 17 SOUTH  
BARTOW FL 33830-2158**

Mailing Address  
**P.O. BOX 2158  
BARTOW FL 33830-2158  
US**

3. Date Incorporated or Qualified **05/24/1985** 3a. Date of Last Report **06/15/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2639355** Applied For  Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, JOHN R  
2020 U.S. HWY. 17 SOUTH  
BARTOW FL 33830**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>MOONEY, GENE</b>
STREET ADDRESS	<b>2020 US HWY 17 SOUTH</b>
CITY - ST - ZIP	<b>BARTOW FL 33830</b>
TITLE	<b>CD</b>
NAME	<b>GRIFFIN, BEN HILL III</b>
STREET ADDRESS	<b>700 S ALT. HWY. 27</b>
CITY - ST - ZIP	<b>FROSTPROOF FL 33843</b>
TITLE	<b>D</b>
NAME	<b>LESTER, W. BERNARD</b>
STREET ADDRESS	<b>640 S. MAIN ST.</b>
CITY - ST - ZIP	<b>LABELLE FL 33935</b>
TITLE	<b>VSD</b>
NAME	<b>ALEXANDER, JOHN R</b>
STREET ADDRESS	<b>2020 U.S. HWY. 17 SOUTH</b>
CITY - ST - ZIP	<b>BARTOW FL 33830</b>
TITLE	<b>VT</b>
NAME	<b>BRUWELHEIDE, DALE A</b>
STREET ADDRESS	<b>2020 U.S. HWY. 17 SOUTH</b>
CITY - ST - ZIP	<b>BARTOW FL 33830</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 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 R. Alexander* *John R. Alexander*  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/95 819-533-0551  
DATE DAYTIME PHONE #