

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

FILED

**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H59796 (3)

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



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

Mailing Address
**P.O. BOX 2158
BARTOW FL 33831-2158
US**

3. Date Incorporated or Qualified **05/24/1985** 3a. Date of Last Report **02/22/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2639355	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

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	
ALEXANDER, JOHN R 2020 U.S. HWY. 17 SOUTH BARTOW FL 33830		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR / PRESIDENT <input checked="" 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 33830	1.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JOHN R	4.2 NAME	
STREET ADDRESS	2020 U.S. HWY. 17 SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	4.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUWELHEIDE, DALE A	5.2 NAME	
STREET ADDRESS	2020 U.S. HWY. 17 SOUTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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: *John R. Alexander* **JOHN R. ALEXANDER** 2/19/97 941-533-0551
Date Daytime Phone #

CR2E034 (9/96)