


**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
---	---	---

**DOCUMENT # H59796 (3)**  
 1. Corporation Name  
**ORANGE-CO DISPENSER SERVICES, INC.**



Principal Place of Business <b>2020 U.S. HWY. 17 SOUTH                  BARTOW FL 33830                  US</b>	Mailing Address <b>P.O. BOX 2158                  BARTOW FL 33831-2158                  US</b>
--	---

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip <b>25</b> Country	<b>29</b> Zip <b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>05/24/1985</b>	
<b>4.</b> FEI Number <b>59-2639355</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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 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, Secretary of State* 1-30-98 94-538 0551

CR2E034 (10/97)