

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K91193** (8)

1. Corporation Name
SEE'S BLUEBERRIES, INC.



Principal Place of Business: **HAYMAN RD WAUCHULA FL 33873 US**
Mailing Address: **P.O. BOX 321 WAUCHULA FL 33873 US**

3. Date Incorporated or Qualified: **05/25/1989**
3a. Date of Last Report: **05/25/1995**

2. Principal Place of Business: **21 WAUCHULA, FL Hayman Road**
Suite, Apt. #, etc: **22**
City & State: **23 Wauchula, FL**
Zip: **24 33873** Country: **25 Hardee**
2a. Mailing Address: **26 P. O. BOX 321**
Suite, Apt. #, etc: **27**
City & State: **28 WAUCHULA, FL 33873**
Zip: **29 33873** Country: **30 Hardee**

4. FEI Number: **59-2950868**
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: **SEE, TOPSY 401 N 6TH AVE WAUCHULA FL 33873**
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 607.0509, Florida Statutes.

SIGNATURE: **TOPSY SEE, Sec.** *Topsy See*
Signature of person authorized to register agent for the corporation Registered Agent Signature required if new agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, JACK JR	1.2 NAME	
STREET ADDRESS	RT 2 BOX 171-J	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, R. BRYAN	2.2 NAME	
STREET ADDRESS	HWY 836A EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, JACK SR	3.2 NAME	
STREET ADDRESS	401 N 6TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE, TOPSY	4.2 NAME	
STREET ADDRESS	401 N 6TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if with an address.

SIGNATURE: **TOPSY SEE** *Topsy See*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96 941-773-5994
Date: Date of Filing

CR2E034 (12/95)