


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K91193 (8)
 1. Corporation Name
SEE'S BLUEBERRIES, INC.



DO NOT WRITE IN THIS SPACE

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**
 4. FEI Number: **59-2950868**
 Applied For: 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21** **Hayman Rd**
 Suite, Apt. #, etc.: **22**
 City & State: **23** **Wauchula, FL**
 Zip: **24** **33873** Country: **25** **Nordec**
 2a. Mailing Address: **26** **PO Box 321**
 Suite, Apt. #, etc.: **27**
 City & State: **28** **Wauchula, FL**
 Zip: **29** **33873** Country: **30** **Nordec**

9. Name and Address of Current Registered Agent
SEE, TOPSY
401 N 6TH AVE
WAUCHULA FL 33873

10. Name and Address of New Registered Agent
 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 607.0692 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: *Topsy See* **TOPSY SEE** **4-20-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEE, JACK JR	
STREET ADDRESS	RT 2 BOX 171-J	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEE, R. BRYAN	
STREET ADDRESS	HWY 638A EAST	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEE, JACK SR	
STREET ADDRESS	401 N 6TH AVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SEE, TOPSY	
STREET ADDRESS	401 N 6TH AVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Topsy See* **TOPSY SEE** **4-20-98** **911-773-5994**

CR2E034 (10/97)