

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrain
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 9:16

DOCUMENT # **L57309** (1)

1. Corporation Name
SCRAPE JUICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Officer (Director) Name: **% JOHN W. VERNON, JR.**
324 SOUTH MAIN STREET
WILDWOOD FL 34785

Principal Officer (Director) Address: **% JOHN W. VERNON, JR.**
324 SOUTH MAIN STREET
WILDWOOD FL 34785

3. Date of Incorporation (If Applicable) **03/15/1990** 3a. Date of Last Report **06/03/1994**

21. Director (Principal Officer) Name	22. Director (Principal Officer) Address	23. City & State	24. State	25. City & State	26. Mailing Address	27. City & State	28. City & State	29. City & State	30. City & State	4. FID Number	Applied Fee
21	22	23	24	25	26	27	28	29	30	59-3025319	Not Applicable
										5. Certificate of State Income	\$8.75 Additional Fee Required
										6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
										8. This corporation has agent, for all purposes, for the purpose of filing its reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VERNON, JOHN W., JR. 324 SOUTH MAIN ST. WILDWOOD FL 34785				B1. Name			
				B2. Street Address (Do Not Leave Blank)			
				B3. City & State			
				B4. City	FL	B5. Zip Code	

11. The undersigned hereby certifies that the information furnished in this statement is true and correct to the best of his knowledge and belief, and that he is duly authorized to execute this statement on behalf of the corporation. I hereby accept the appointment as registered agent for the corporation.

Signature: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL REGISTERED AGENTS
NAME: D VERNON, JOHN W., JR. ADDRESS: 324 S. MAIN ST. WILDWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: D VERNON, LINDA G. ADDRESS: 324 S. MAIN ST. WILDWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information supplied with this filing is available, accurate and true and equally for the entire period of the reporting period. I have read the Florida Statutes and other laws of the State of Florida relating to the filing of this report and I understand the requirements and consequences of the filing of this report. I understand that the filing of this report is a public act and that the information contained therein is available to the public. I understand that the filing of this report is a public act and that the information contained therein is available to the public. I understand that the filing of this report is a public act and that the information contained therein is available to the public.

SIGNATURE: *[Signature]*

5-1-95 904-748-2210