

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2: 57

DOCUMENT # **380133** (9)
1. Corporation Name
ORANGE-CO OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/08/1971	3a. Date of Last Report 06/15/1994
4. FEI Number 59-1320991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
2020 US HIGHWAY 17 SOUTH P.O. BOX 2158 BARTOW FL 33830-2158		2020 US HIGHWAY 17 SOUTH P.O. BOX 2158 BARTOW FL 33830 US	
21. Principal Place of Business	2a. Mailing Address		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State	28. City & State		
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALEXANDER, JOHN R 2020 US HWY 17 S 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, GENE	1.2 NAME	
STREET ADDRESS	2020 U.S. HWY 17 S.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	1.4 CITY - ST - ZIP	33830
TITLE	DC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BEN HILL I	2.2 NAME	
STREET ADDRESS	700 S. ALT. HWY 27	2.3 STREET ADDRESS	FROSTWOOD, FL
CITY - ST - ZIP	FROSTWOOD FL 33843	2.4 CITY - ST - ZIP	33843
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, BENARD W	3.2 NAME	
STREET ADDRESS	640 S. MAIN, ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LABELLE FL 33935	3.4 CITY - ST - ZIP	33935
TITLE	VT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUWELHEIDE, DALE A	4.2 NAME	
STREET ADDRESS	2020 U.S. HWY 27 S.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	4.4 CITY - ST - ZIP	33830
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CONRAD L.	5.2 NAME	
STREET ADDRESS	2020 US HWY 17 S	5.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	5.4 CITY - ST - ZIP	33830
TITLE	DSV	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JOHN R.	6.2 NAME	
STREET ADDRESS	2020 U.S. HWY. 17 S.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL 33830	6.4 CITY - ST - ZIP	33830

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 110.07(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 with an address.

SIGNATURE: John R. Alexander John R. Alexander 1/12/95 819-533-0551
(SIGNATURE) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature) (Phone #)