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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65387

(9)

REED'S FRUIT CO.

FILED									
May 09 1997 8:00am									
Secretary of State									

Principal Piace * MEALY W. RI P.O. BOX 603. I	eed Sr. N/A	Mailing Address MEALY W. REED SR. P.O. BOX 603. N/A WEIRSDALE FL 32195-0603							
WEIRSDALE FL 32195 US		US			3. Date Incorporated or Qualified 04/01/1987				
	lace of Business	2a. Mailing Address				4. FEI Number			pplied for
Suite, Apt.	# etc	26			59-2786215	Not Applicable S8.75 Additional			
22		27			5. Certificate of Status Desired Fee Required				
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
Zip	Country	28 Zip	Cou	intro		Trust Fund Contribution			to Fees
24	25	₁ '	30	ii ici y		8. This corporation has flability for Florida Statutes		tax under s] No	. 199,032,
	9, Name and Address of Curre					10. Name and Address of New Re	gistered #	gent	
), MEALY W. SR.			81	Name				
	O S.E. HIGHWAY C-25	1		82	Stroot A	ddress (P.O. Box Number is Not Acceptal	ole)		
WEIH	ISDALE FL 32195			83					
								7-7-2	
				84	City		FL	85 Zip	Code
office or r agent. I a SIGNATURE	egisterod agent, or both, in the State in familiar with, and accept the oblig Signature, typod or profild name of registered ag	ations of, Section 607.0505, Flo	orida Stat	lutes		corporation submits this statement for the poration's board of directors. I hereby acce	pt the appo	ointment as	registered
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	DPV	DELETE	1.1] 9					Change	Addition
NAME	REED, MEALY W. SR PO BOX 603,16750 SE HWY		1.2 N/						
STREET ADDRESS CITY-ST-ZIP	WEIRSDALE FL		1.4 0		ADDRESS				
TITLE	8	DELETE	2.1 TI		1-211			Change	Addition
NAME	REED, MEALY W. SR		2.2 N	AME					
STREET ADDRESS	PO BOX 603,16750 SE HWY		2.3 ST	REE1	ADDRESS				
CITY-ST-ZIP	WEIRSDALE FL	DELETE	2 4 C 3 1 10		1 · ZIP			Change	Addition
TITLE Name			32 N/		Ì			∟ one ige	E.J Addition
STREET ADDRESS			1		ADDR!SS				
CITY-ST-ZIP			3.4, C				m.s		
TITLE		☐ DELETE	4.1 11		-		!	☐ Change	Addition
NAME			4.2 N		Annhone				
STREET ADDRESS CITY-ST-ZIP				IREET DY×S'	ADDRESS				
TITLE		DELETE	5.1 10		- 211			Change	Addition
NAME			5.240/	AME	ļ				
STREET ADDRESS			5.3 \$1	HLET	ADDRESS				
CITY-ST-ZIP		, beleve		TY-S	1 - 7IP				1.00
TITLE		L_ DELETE	6.1 Ti		Ì			Change	Addition
NAME STREET ADDRESS			6.2 N/ 6.3 S1		ADDRESS				
CITY-ST-ZIP			6.4 Ct						
14. I do herel informatio	in Indicated on this annual report or	supplemental annual report is tr r the receiver or trustee empow	y for the rue and a ered to a	exe	mption sta	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same leg- eport as required by Chapter 607, Florida S	al effect as	if made un	ider oath; that
SIGNAT	<i>V</i> V. (17 R D		1	MEAT	LY W. REED Lara	26	1.82	1 2015