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FILED  
Feb 17 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 # **290049** (6)  
1. Corporation Name  
**LEWIS & DURRANCE FRUIT CO., INC.**

Principal Place of Business

516 NW 4TH ST.  
P.O. BOX 904  
FORT MEADE FL 33841

Mailing Address

516 NW 4TH ST.  
P.O. BOX 904  
FORT MEADE FL 33841

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1965

4. FEI Number

59-1088895

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 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BEYNON, HOWARD C.  
418 NORTH PINE AVENUE  
FT MEADE FL 33841**

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 607.0502 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

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 ☐ DELETE  
NAME **PM**  
STREET ADDRESS **BEYNON, HOWARD C.**  
CITY-ST-ZIP **418 NORTH PINE AVENUE  
FT MEADE FL**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **HAMILTON, PAUL W.**  
CITY-ST-ZIP **1355 SPRING COURT  
BARTOW FL**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **BEYNON, DAWN D.**  
CITY-ST-ZIP **418 N. PINE AVE.  
FT MEADE FL**

TITLE ☐ DELETE  
NAME **AST**  
STREET ADDRESS **LEWIS, JENNETTE**  
CITY-ST-ZIP **127 N.E. 1ST STREET  
FT MEADE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Howard C. Beynon* **HOWARD C. BEYNON**

2-11-98 - 944/215-8109

CF2E034 (10/97)