## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 129090 DOCUMENT # WEBB'S CITRUS PACKING AND CANDY FACTORY, INC. Principal Place of Business Mailing Address 250 U.S. 27TH SOUTH 250 U.S. 27TH SOUTH DAVENPORT FL 33837 DAVENPORT FL 33837 3a. Date of Last Report 05/01/1995 Date Incorporated or Qualified 05/3 1/1934 2. Principal Place of Business 4. FET Number 59-0477200 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zφ 24 25 Florida Statutes 30 ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEBB, PAUL SR 291 GREENFIELDS RD. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE First stered Agent styridt ire recurred where rematching) CATE (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1 1 TITLE Change Addition WE8B, PAUL V SR NAME 1.2 NAME CR2E034 291 GREENFIELD RD STREET ADDRESS 13 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 14 CITY - ST - Z.P TITLE [ ] DELETE 2 1 1 1 LF Change nc tibbA WEBB PAUL JR NAME 2.2 NAME 11 W SECOND ST STREET ADDRESS 2.3 STREET ADDRESS Jamestown NY CITY-ST-ZIP 2 4 CHTY - ST - ZIF TITLE DELETE 3 1 THILE ☐ Change Addition WEBB, JOHN C NAME 3.2 NAME 1035 MEDINAH CT STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN, FL 00000 CITY - ST - ZIP 3.4 CITY - ST. ZIP TITLE DECETE 4 1 TITLE Change Addition NORTON, FLORENCE NAME 4.2 NAME 14 WHITTIER AVE STREET ADDRESS 4.3 STREET ADDRESS CHAUTAUQUA, NY 00000 CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 FILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 IIII E ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 Off y - ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplied ental 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 justed enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or contact the corporation of the corporation of

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NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: