

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90125 023 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 129090

1. Entity Name
WEBB'S CITRUS PACKING AND CANDY FACTORY, INC.

Principal Place of Business
250 U.S. 27TH SOUTH
DAVENPORT FL 33837

Mailing Address
250 U.S. 27TH SOUTH
DAVENPORT FL 33837

2. Principal Place of Business
38217 HWY 27
Suite, Apt. #, etc.

3. Mailing Address
38217 HWY 27
Suite, Apt. #, etc.

City & State
Davenport, FL

City & State
Davenport, FL

Zip
33837

Country
USA

Zip
33837

Country
USA

4. FEI Number
59-0477200

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEBB, JOHN C
181 GREENFIELD ROAD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVS
WEBB, JOHN C
181 GREENFIELD ROAD
WINTER HAVEN FL 33884

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR