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 MAR 31 PM 12:02

DOCUMENT # **218449** **(7)**

1. Corporation Name
TROPICAL BLOSSOM HONEY CO

Principal Place of Business	Mailing Address
106 N. RIDGEWOOD AVE. P.O. BOX 8 EDGEWATER FL 32132-7008	106 N. RIDGEWOOD AVE. P.O. BOX 8 EDGEWATER FL 32132-7008

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/22/1958**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-0977174** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCGINNIS, DAVID K.
106 N. RIDGEWOOD AVE.
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2801 N. PENINSULA AVE, #1502
83:
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32169

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCGINNIS, DAVID K.	12 NAME	
STREET ADDRESS	2801 PENINSULA AVE #1502	13 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCGINNIS, DAVID J.	22 NAME	
STREET ADDRESS	1750 AIR PARK RD, P. O. BOX 932	23 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☑ Change ☐ Addition
NAME	MCGINNIS, JOHN DOUGLAS	32 NAME	
STREET ADDRESS	107 W PARK AVE/PO BX 8	33 STREET ADDRESS	3630 PIONEER TRAIL (MAIL BOX STILL HERE)
CITY-ST-ZIP	EDGEWATER FL	34 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	MCGINNIS, PATRICIA	42 NAME	
STREET ADDRESS	1811 PINEDALE RD	43 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Patricia McGinnis — 3/27/95 — 904-428-9027
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
PATRICIA MCGINNIS, STD