

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90292 005 ***150.00

DOCUMENT # 218449

1. Corporation Name

TROPICAL BLOSSOM HONEY CO

Principal Place of Business

106 N. RIDGEWOOD AVE.
P.O. BOX 8
EDGEWATER FL 32132-7006

Mailing Address

106 N. RIDGEWOOD AVE.
P.O. BOX 8
EDGEWATER FL 32132-7006



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1958

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MCGINNIS, DAVID K.
2801 N. PENISULA AVENUE, #1502
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name MCGINNIS, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable)
106 NORTH RIDGEWOOD AVENUE
83
84 City EDGEWATER FL 85 Zip Code 32132

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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Patricia McGinnis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCGINNIS, DAVID K.
STREET ADDRESS 2801 PENINSULA AVE #1502
CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE VD ☐ DELETE

NAME MCGINNIS, JOHN DOUGLAS
STREET ADDRESS 3630 PIONEER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE STD ☐ DELETE

NAME MCGINNIS, PATRICIA
STREET ADDRESS 1811 PINEDALE RD
CITY-ST-ZIP EDGEWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE Patricia McGinnis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/99 904-488-9027
Date Daytime Phone #

CR2E034 (11/98)